

DNPAO CDC-RFA-DP-23-0014

Racial and Ethnic Approaches for Community Health (REACH)

Informational Call Script

February 22, 2023, 3PM EST

Slide 1

Welcome to the Division of Nutrition Physical Activity and Obesity (DNPAO) Informational Call for the CDC Notice of Funding Opportunity CDC-RFA-DP-23-0014, “Racial and Ethnic Approaches for Community Health Program,” also known as REACH.

My name is Ashleigh Murriel. I am the Senior Advisor for Program in the Program Development and Evaluation Branch in the Division of Nutrition, Physical Activity and Obesity in the CDC National Center for Chronic Disease Prevention and Health Promotion.

The purpose of this call is to present an overview of the Notice of Funding Opportunity otherwise known as a NOFO and gather questions. The NOFO is available on www.grants.gov, announcement # DP23-0014. It is important for you to register on Grants.GOV to receive updates and notifications if amendments occur.

Please put any questions you have in the chat throughout this presentation. If you are joining by phone only, please email your questions to REACH2314@cdc.gov. We will be gathering questions and posting responses on the DNPAO REACH NOFO website as soon as possible following this call.

This call is **not** being recorded. The slides and script for the call will be posted on the DNPAO REACH NOFO website. If you have already sent in questions, please do **not** post them in the chat. We are responding to and posting responses as soon as possible.

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During our call, I will take us through the application components, strategies, project narrative and work plan, evaluation requirements, review process, and the award information. This includes the eligibility criteria, funding levels, and application submission procedures. With that, let’s get started and again, please put any questions in the chat at any time.

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The REACH strategies support chronic disease prevention and include nutrition, physical activity, breastfeeding, strengthening obesity prevention standards in early care and education settings, and family healthy weight programs. In addition, DNPAO is collaborating with the Office on Smoking and Health and the Immunization Services Division to include strategies on tobacco and vaccinations for adults.

All proposed activities must use local level policy, system and environmental (PSE) approaches and reflect health equity approaches which aim to reduce health disparities and address factors that influence health. Key to these approaches are community coalitions of diverse and inclusive partners to identify the appropriate implementation and/or adaptation of strategies specific to the community culture and linguistic context.

The NOFO requires cross sector partnerships relevant to specific strategies. Applicants are encouraged to use a community-based participatory approach that builds on existing community assets and existing coalitions, allowing for the flexibility necessary to tailor interventions that meet the unique needs of their population.

Recipients are expected to conduct health needs assessments and are encouraged to conduct an equity assessment.

The NOFO highly recommends health equity training for recipient staff across strategies and/or hiring staff, consultants, and contractors with health equity expertise, including hiring, or retaining diverse staff representing priority population(s).

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The purpose of the REACH NOFO is to fund recipients, working with local level partners, organizations, and networks, to implement local level interventions related to nutrition; physical activity; breastfeeding continuity of care; and integrating nutrition, physical activity, and breastfeeding national standards and advancing Farm to ECE programs into statewide Early Care and Education (ECE) systems.

This is a Cooperative Agreement. The Period of Performance is 5 years. We anticipate 41 awards.

The Award Ceiling \$1.5M per year or budget period.

If Component B the Vaccination Strategy is chosen, a separate budget for Component B is NOT requested. The Budget must simply identify the specific costs for each proposed Component (e.g., A and B).

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For REACH there are two Components: A and B. For Component A there are two required strategies and then 4 other strategies, from which you must select **one**, for a total of three strategies in Component A.

As I mentioned for Component A, the **Nutrition Strategy** is the first strategy. The Nutrition strategy will implement local level policies and activities that:

- a. promote food service and nutrition guidelines and associated healthy food procurement systems in facilities, programs, or organizations where food is sold, provided, or distributed and
- b. coordinate the uptake and expansion of existing fruit and vegetable voucher incentive and produce prescription programs.

Its short-term outcome is increased access to healthy foods.

The second required strategy is **Physical Activity**. The physical activity strategy will implement local level policies and activities to connect pedestrian, bicycle, or transit transportation networks (e.g., activity-friendly routes) to everyday destinations.

Its short-term outcome is increased policies, plans, or community design changes that increase access to physical activity.

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Here are the first two strategies you can choose from for Component A.

Number 1 is **Breastfeeding**. The breastfeeding strategy will implement local level policies and activities that achieve continuity of care for breastfeeding families.

Its short-term outcome is increased access to programs that provide continuity of care for breastfeeding families

Number 2 is **Early Care and Education** or ECE. ECE will implement local level policies and activities that improve nutrition, physical activity, and breastfeeding standards and advance Farm to ECE.

Its short-term outcome is increased local level ECE policies and activities that improve nutrition, physical activity, and breastfeeding standards **AND** Farm to ECE programs

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Number 3 is **Family Healthy Weight Programs**. The Family Healthy Weight Programs strategy will collaborate with partners to implement family healthy weight programs.

Its short-term outcome is increased supports to implement family healthy weight programs.

Number 4 is **Tobacco**. The tobacco strategy will adopt or strengthen tobacco prevention and control policies.

Its short-term outcome is increased access to places that adopt or strengthen commercial tobacco prevention and control policies

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Component B is an OPTIONAL Strategy. The **Adult Flu, COVID-19 & Other Vaccinations** strategy will implement practices to increase awareness, confidence, demand, and access for flu, COVID-19, and other routinely recommended adult vaccines.

Its short-term outcome is increased demand and access to vaccination opportunities.

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I will now go over the REACH Target Population and Health Disparities requirements.

The REACH NOFO is designed to address health disparities in priority population(s).

Applicants must select up to two of the five priority populations listed below for work on this award.

- African Americans and Black
- American Indian and Alaska Native
- Asian American
- Hispanic and Latino
- Native Hawaiian and Other Pacific Islands

Applicants will describe how they will implement strategies to decrease health disparities in selected priority populations.

The applicant must cite the data sources used to define and describe the priority population(s). The description should include demographic characteristics, health status, and geographic area. The geographic area must have at least 20% of the population with income below 100% of the federal poverty threshold (based on census tract or community health needs assessment data).

Recipient must use the results from a community health needs assessment at the beginning of the cooperative agreement or provide evidence of previous assessments (< 5 years) for their priority population selection and a justification for the proposed geographical area.

It is suggested that applicant conduct an equity assessment in the first six months of the cooperative agreement.

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The Project Narrative must include **all** the following headings (including subheadings):

1. Background
2. Approach
 - a. Purpose
 - b. Outcome objectives
 - c. Strategies and Activities
 - i. Collaborations
 - d. Priority Population & Health Disparities
3. Applicant Evaluation and Performance Measurement Plan

4. Organizational Capacity of Applicants to Implement the Approach
5. Work Plan

The Project Narrative must be succinct, self-explanatory, and in the order outlined here. It must address outcomes and activities to be conducted over the entire performance period as identified in the CDC Project Description section.

Applicants must also prepare a work plan consistent with the CDC Project Description Work Plan section.

It is important to note that the Project Narrative and Work Plan is limited to **20** pages combined and submitted as two separate files.

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The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

Applicants must submit a detailed work plan for Year 1 of the award in tabular format and provide a general summary of work plan activities for Years 2-5 in narrative form.

The work plan should describe how the applicant plans to implement all the required activities to achieve NOFO outcomes. For Year 1, applicants are required to include all the elements listed within the work plan template. CDC will provide feedback and technical assistance to recipients to finalize the work plan activities post-award.

Applicants are not required to use the template but are required to include all the elements listed in the template.

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The work plan must include:

- ❖ Activities and timelines for each applicable strategy and achievement of outcomes that align with the NOFO logic model.
- ❖ Measures for the relevant outcomes. These should align with the performance measures listed in the evaluation and performance measurement section
- ❖ Milestones for accomplishing tasks encompassed by each strategy's key activities related to each outcome; and
- ❖ Staff, partners, contractors and administrative roles and functions as responsible party to support implementation of the award

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Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of the NOFO.

At a minimum, the plan must describe how the applicant will:

- ❖ Collect the performance measures,
- ❖ Respond to the evaluation questions
- ❖ Use evaluation findings for continuous program quality improvement.
- ❖ Have key program partners participate in the evaluation and performance measurement planning process

The applicant will identify available data sources, feasibility of collecting appropriate evaluation and performance data, describe a preliminary data management plan (DMP), and other relevant data information.

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including a DMP if appropriate) within the first 6 months of the award, in collaboration with CDC as described in the Reporting Section of this NOFO.

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I will now go over what is needed in your application as documentation for Organization Capacity. For Project Management Structure and Staffing, the applicant must provide evidence of:

- ❖ An established principal investigator or designee to serve as a chair of the community coalition and a full-time program manager who is responsible for the day-to-day operations.
- ❖ Substantial capability and experience to carry out the scope of the proposed project including subject matter expertise in selected strategies and selected priority population(s); an adequate staffing plan and organizational chart and contract support, if applicable which clearly defines staff and coalition roles and responsibilities; outlines a project management, communication, evaluation, and performance monitoring, and financial reporting process and structure (at a minimum a fiscal manager) that ensures alignment of resources with program activities including procurement efforts and the ability to write, award and monitoring contracts, management of travel requirements, and workforce development and training sufficient to achieve project outcomes.
- ❖ That the organization's staff members and coalition have experience providing services to the priority population(s) or describes plans to hire staff or recruit for coalition membership, those who have experience working with the priority population(s).

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The applicant must also describe their Implementation Readiness. For this component we are looking for the extent to which the applicant can provide evidence of:

- ❖ Community coalition leadership and management to readily implement requirements with minimal start up time (< 6months).
- ❖ An established active community coalition in place that promotes equitable engagement of all partners, including community experts, with a history of success that meets the requirements identified in the Collaboration--section such as diversity in community coalition membership and past use of the Community Based Participatory Approach; partnership development and coordination to leverage resources and maximize reach and impact; and can support the recipient in executing and monitoring NOFO activities.
- ❖ At least two required letters of support from members of the community coalition that include a specific description of their role in the proposed work to improve the health of the priority community population(s).
- ❖ And finally, applicants are strongly encouraged to submit a memorandum of understanding (MOU), memorandum of agreement (MOA), and/or tribal resolutions for key collaborations. They should describe the scope of work and contributions from each key partner for work to be conducted.
- ❖ Please note the REACH NOFO has been amended. A required letter from the State Chronic Disease Director is no longer required.

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I will now present information on:

1. Eligibility
2. Key Application Requirements
3. REACH Program Routine Monitoring Expectations
4. Application Review and Selection and
5. Application & Submission Information

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All applications will be initially reviewed for eligibility and completeness by CDC's Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Applicants will be notified if their applications did not meet eligibility and/or published submission requirements.

Here are some key points for REACH eligibility

- ❖ In addition to listed eligible categories of applicants, the following Governmental Organizations are eligible:

- ✓ State governments or their bona fide agents (includes the District of Columbia)
- ✓ Local governments or their bona fide agents
- ✓ Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau
- ✓ State controlled institutions of higher education
- ✓ American Indian or Alaska Native tribal governments (federally recognized or state-recognized)
- ✓ American Indian or Alaska native tribally designated organizations

Most importantly, applicants must identify the priority population(s) who are the focus of the proposed work in the project abstract. If this information is not identified in the project abstract the application will be deemed non-responsive and will not receive further review.

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Here are some key application requirements:

First, Identify key partners & collaborators

It is required that the applicant provide at least 2 Letters of Support from Community Coalition members.

Finally, it is suggested that a MOU/MOA/Tribal Resolution be provided for all key collaborators.

The next requirement is to Select your Component A Required and 3rd Strategy and its Activities

Nutrition and Physical Activity

Select one: Breastfeeding, ECE, Family Healthy Weight Programs or Tobacco

The applicant may also Select the Component B Optional Strategy on Flu, COVID-19 and Other Adult Vaccinations

The final Requirement is the composition of the Community Coalition. The coalition must include at least the following members:

- ✓ Applicant
- ✓ Community coalition leader(s)
- ✓ Priority population(s) representative(s) with lived experience of the health inequities being addressed
- ✓ Local Community Based Organization representative (with work aligned with the selected required and optional strategies) and

- ✓ A State and/or local public health department representative.

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As a Cooperative Agreement, the applicant agrees to Program evaluation and monitoring activities including routine and ongoing communication between CDC and recipients, site visits, and recipient reporting.

Consistent with CDC grants regulations and policies, DNPAO expects the following to be included in post-award monitoring for grants and cooperative agreements:

- ❖ Tracking recipient progress in achieving the desired outcomes.
- ❖ Ensuring the adequacy of recipient systems that underlie and generate data reports.
- ❖ Creating an environment that fosters integrity in program performance and results.

For REACH, all recipient reports should be distinguished as Component A or B, respectively.

In addition to routine monitoring activities and ongoing communication between CDC and recipients, recipients will participate in:

- ❖ Monthly conference calls
- ❖ A required implementation and evaluation training during the first budget year and
- ❖ Peer sharing opportunities, evaluation specific technical assistance calls and webinars, site and/or reverse site visits.
- ❖ For **Component B only** – Recipients will complete quarterly reports using the REDCap Data Collection System

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I will now go over the three phases of the NOFO Review and Selection process.

The first Phase is **Eligibility and Completeness**

All applications will be initially reviewed for eligibility and completeness by CDC's Office of Grants Services. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

Applications must include the selected priority population or populations in the abstract. Applications not identifying the selected priority population(s) in the abstract will be considered non-responsive.

The second Phase is the Merit review process during which a review panel will evaluate complete, eligible applications in accordance with the scoring criteria found on pages 33 to 35.

Phase III review may be applied in consideration of the scope of work proposed and the priority population(s) size and geographic area and can be found on page 36 of the NOFO application.

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Next, I will go over the **Application & Submission Information**

First, a Letter of intent is not requested or required.

The last day to submit questions is Friday, March 31, 2023, at 5:00 PM Eastern Time

The Application Due date is Tuesday, April 11, 2023, at 11:59 PM Eastern Time.

The Notification of Award date is Wednesday, August 30, 2023, and

The Project Start Date is September 30, 2023.

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Please take this opportunity to type any questions you have into the chat, and we will post responses as soon as possible following today's call.

All questions and responses from this call and those received at our email inbox: **REACH2314@cdc.gov** will be posted to our NOFO website.

Once again, the REACH NOFO Application Closing Date is **Tuesday, April 11, 2023**. For assistance with **submission** difficulties on www.grants.gov, call the Contact Center at 1-800-518-4726. Hours of Operation: 24 hours a day, 7 days a week, except federal holidays.

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I want to thank each of you for your time and interest in DNPAO's REACH program. Here a few important links to the REACH opportunity announcement, the DNPAO REACH website, the FAQ link and email address to submit any questions you have.

Thank you and have a great rest of your day!

REACH on Grants.gov:

<https://www.grants.gov/web/grants/view-opportunity.html?oppld=342940>

DNPAO NOFO website:

<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/fundingopp/2023/reach.html>

REACH FAQs: <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/fundingopp/2023/reach.html#>

Email: REACH2314@cdc.gov