

Communities Putting Prevention to Work (CPPW)

Under the American Recovery and Reinvestment Act of 2009, \$650 million was dedicated to chronic disease prevention efforts administered through the Centers for Disease Control (CDC). "Communities Putting Prevention to Work" (CPPW) is a \$373 million community capacity-building program for instituting population-based policy, systems, and environmental change in communities and schools to (1) decrease overweight/obesity prevalence; increase levels of physical activity; improve nutrition; and/or (2) decrease tobacco use and exposure to secondhand smoke.

If your community is poised to implement a CPPW program and benefit from CPPW funding, you might consider encouraging health departments and tribal/territorial organizations to apply. Health Centers/PCAs could be included in CPPW's required community-based collaboratives and/or Leadership Teams.

24 month funding for collaboratives' Community Action Plans will include program support, community mentoring, and evaluation. The CDC will award Cooperative Agreements to 30-40 local and state health departments and tribal and territorial organizations with funding levels based upon population categories:

- Large Cities (over 1 M population) - \$10-\$20 M
- Urban Areas (500,000-1 M population) - \$4-\$10 M
- Tribal & Territorial Organizations - \$500,000-\$1.2 M
- Small Cities (50,000-500,000 population) - \$3-\$8 M
- Rural Areas (less than 50,000 population) - \$3-\$8 M

The Cooperative Agreements will support evidence-based prevention strategies for youth and adults and will promote community partnerships to create healthier communities and reduce health disparities of vulnerable populations. Awardees will implement changes across five evidence-based MAPPS strategies – **Media, Access, Point of decision information, Price and, Social support services** – in both communities and schools that impact the entire jurisdiction of the health department or tribal area grantee. Awardees will be required to implement prescribed MAPPS strategies and prescribed interventions. Awardees may also propose evidence-based interventions not listed within the prescribed MAPPS menu, but must provide strong justification of how the proposed intervention will have sufficient reach and potential impact consistent with the short and long-term CPPW goals. The CDC will provide community programmatic support and tools to strengthen and develop effective strategies tailored to community needs.

Two year funding beginning February 26,2010, is for reasonable program purposes, including personnel, travel (including mandatory CDC meetings) , supplies, and services such as contractual. Funds cannot be for clinical care, but can include clinical services where appropriate. Equipment purchases integral to a selected MAPPS strategy, may be considered.

Rigorous quarterly ARRA reporting is expected throughout the 24 month CPPW funded program. Changes are expected during the funding period and are expected to be drivers of downstream changes in risk behaviors and risk factors. Sustainability performance will be measured by outreach to resources (including leveraging other ARRA federal grantees) , and the number of commitments achieved by the end of the CPPW program.

State health department grantees will coordinate small and rural area applications. States that propose coordinating community awards will be responsible for the following activities:

- Identifying in their application up to two pre-selected communities (a combination of one small city and one rural community; two small cities; or two rural communities) that will be expected, with state assistance, to conduct the prescribed activities and achieve expected performance measures. Each community must have an established coalition and will be monitored for progress toward benchmarks, performance measures, and outcomes.
- Establishing and coordinating a State-Community Management Team, including participation from the funded communities and key state-level public health officials.
- Providing or facilitating the provision of programmatic support and consultation to their funded communities in risk factor surveillance; program evaluation; sustainability; evidence-based and practice-based policies, systems, and environmental changes (including the built environment where applicable); community engagement, and intervention selection and development.
- Ensuring that at least 75% of the total award is distributed to the identified communities in the state-coordinated application.

Three Pre-Application Conference Calls for eligible applicants (health departments and tribal and territorial organizations) will be held September 30 and October 1, 2009. Letters of Intent are due October 30, 2009. Applications are due December 1, 2009.

For complete application details, see www.grants.gov. Click FOR APPLICANTS Grant Search in blue box and enter funding opportunity # CDC-RFA-DP09-912ARRA09.
