

Communities Putting Prevention to Work

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention (CDC)
American Recovery and Reinvestment Act of 2009

Summary by California School Health Centers Association

Announcement Type: Cooperative Agreement; Funding Opportunity Number: CDC-RFA-DP09-912ARRA09

Letter of Intent Deadline: October 30, 2009, Application Deadline: December 1, 2009

Approximate Current Fiscal Year Funding: \$373 million

Approximate Total Project Period Funding: \$373 million

Purpose: The purpose of this FOA is to create healthier communities through sustainable, proven, population-based approaches such as broad-based policy, systems, organizational and environmental changes in communities and schools. Awardees funded under this FOA will work collaboratively to promote and sustain policy change efforts in communities and schools. It is recommended that awardees include a strong focus on the needs of populations who suffer disproportionately from the burden of disease.

Eligible applicants that can apply for this funding opportunity are listed below:

- Large cities and urban areas: The official local health department.
- Tribal communities: Federally recognized Tribal Governments.
- State-coordinated small cities and rural areas: The state health department.

Approximately 30-40 awardees will be made for the CPPW Initiative. Illustrative ranges for the 24-month budget period:

Category A: Obesity/Physical Activity/Nutrition

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

Category B: Tobacco Prevention and Control

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

OBESITY, PHYSICAL ACTIVITY, AND NUTRITION: 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).

TOBACCO: Youth

- 25% decrease in youth smoking prevalence (up to age 18), preventing tobacco-related death in 1/3 of these youth.
- 30% decrease in the percentage of youth (ages 2-18) exposed regularly to secondhand smoke.

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 or tribal area is impacted. Reach across both components (community and school) is necessary to achieve behavior change in youth and to sustain healthy behavior into adulthood.

	Nutrition	Physical Activity
Media	<ul style="list-style-type: none"> • Media and advertising restrictions • Promote healthy food/drink choices • Counter-advertising for unhealthy choices 	<ul style="list-style-type: none"> • Promote increased activity; Promote use of public transit' Promote active transportation (bicycling and walking) • Counter-advertising for screen time
Access	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Signage for healthy vs. less healthy items • Product placement & attractiveness • Menu labeling 	<ul style="list-style-type: none"> • Signage for neighborhood destinations in walkable/mixed-use areas • Signage for public transportation, bike lanes.
Price	<ul style="list-style-type: none"> • Changing relative prices of healthy vs. unhealthy items (e.g. through bulk purchase/procurement/competitive pricing). 	<ul style="list-style-type: none"> • Reduced price for park/facility use • Incentives for active transit • Subsidized memberships to recreational facilities
Social Support & Services	<ul style="list-style-type: none"> • Support breastfeeding through policy change and maternity care practices 	<ul style="list-style-type: none"> • Safe routes to school • Workplace, faith, park, neighborhood activity groups (e.g., walking hiking, biking)

	Tobacco
Media	<ul style="list-style-type: none"> • Media and advertising restrictions • Hard hitting counter-advertising • Ban brand-name sponsorships • Ban branded promotional items and prizes
Access	<ul style="list-style-type: none"> • Usage bans (i.e. 100% smoke-free policies or 100% tobacco-free policies) • Usage bans (tobacco-free worksites and or school campuses) • Zoning restrictions • Restrict sales (e.g. internet; sales to minors; stores/events w/o tobacco) • Ban self-service displays & vending
Point of Purchase/Promotion	<ul style="list-style-type: none"> • Restrict point of purchase advertising • Labeling/ signage/ placement to discourage consumption of tobacco
Price	<ul style="list-style-type: none"> • Use evidence-based pricing strategies that discourage tobacco use • Ban free samples and price discounts
Social Support & Services	<ul style="list-style-type: none"> • Quitline and other cessation services (please note that only up to 5% of the total award for tobacco prevention and control can be spent on nicotine replacement therapy (NRT).