

Community Transformation Grants (CTGs) Summary

Overarching Purpose

Create healthier communities by:

- building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes
- supporting implementation of such interventions in five strategic areas (“**Strategic Directions**”) aligning with HP 2020 focus areas and achieving demonstrated progress in the following five performance measures outlined in the ACA
 1. changes in weight
 2. changes in proper nutrition
 3. changes in physical activity
 4. changes in tobacco use prevalence, and
 5. changes in emotional well-being and overall mental health, and other program-specific measures

Five Strategic Directions

- **tobacco-free living**
- **active living and healthy eating**
- **high impact evidence-based clinical and other preventive services**
- social and emotional wellness
- healthy and safe physical environment

Among above priorities, programs should focus on tobacco-free living, active living and healthy eating, and evidence-based quality clinical and other preventive services, specifically prevention and control of high blood pressure. (Note: must work on at least one strategy within each of the first 3 strategic directions.)

All strategies should be associated with specific measures to achieve health equity, eliminate health disparities, and improve the health of the population and population subgroups.

HP 2020

Recipients may also address HP 2020 focus areas that directly relate to the overarching goal of reducing the incidence and prevalence of chronic disease, and are aligned with the strategic directions listed in this FOA, including:

- arthritis and osteoporosis
- cancer
- diabetes

- disabilities and secondary conditions
- environmental health
- HIV
- Mental health and mental disorders
- Substance abuse

Targets should align with HP 2020 targets and the NCCDPHP long-term goals listed below. **Applicants may use local data to justify higher or lower local targets. The 5 year target should be a minimum 5% improvement in each measure.**

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
Long-term objectives:

- Reduce death and disability due to tobacco use by 5% in the implementation area
- Reduce the rate of obesity through nutrition and physical activity interventions by 5% in the implementation area
- Reduce death and disability due to heart disease and stroke by 5% in the implementation area

Emphasis should be on policy and environmental changes – delivery of direct services is not within scope of this announcement.

Collaboration

Applicants should coordinate with multiple sectors such as transportation, education, health care delivery, agriculture and others. **Documentation of such efforts will be evaluated in the review process. Collaboration with multiple private and non-governmental groups and orgs will also strengthen the impact of programs funded under this FOA.**

This announcement is only for **NON-research** activities supported by CDC.

Who's eligible to apply?

State and local gov't agencies

Tribes and territories

State or local NPOs

Nat'l networks of CBOs

Counties with populations of 500,000 or more are eligible to apply for funding separate from the state

Funding Levels

From the Prevention and Public Health Fund (PPHF) of the Affordable Care Act, **\$102.6 million in FY2011 is available**

- Approximate Total Project Period Funding - ~\$900 million
- Up to 75 awards (amount is for first 12-month period and includes direct and indirect costs)
 - Category A – Capacity Building
 - \$50,000 - \$500,000
 - Category B - Implementation
 - States, local gov't and NPO: \$500,000 - \$10,000,000
 - Territories: \$100,000 - \$150,000
 - Tribal and AI/AN Consortia: \$100,000 - \$500,000
- CDC will only fund **one** application within the same geographic area
- Cost sharing or matching is not required, but leveraging other resources to promote sustainability is strongly encouraged

Not less than 20% of grant funds will be directed to rural and frontier areas.

State and county recipients of Implementation funding must award 50% of the total grant funding to local areas – and of this 50%, rural areas of the state must receive at least 20% of the total grant award or an amount consistent with their proportion of the state population, whichever is higher.

Two Categories of Funding

- Category A – Capacity Building
 - Must describe the area(s) that will be the focus of interventions should they be selected for an implementation award at a later time; may pilot one or more implementation activities with their awarded funds, as their capacity to do so permits
 - Eligible to request funding for an implementation award at any point within 48 months of original award if funds are available to support request. (See page 26 of FOA for requirements to be eligible.)
- Category B – Implementation
 - Will implement policy, environmental, programmatic and infrastructure changes consistent with the strategic directions; must ensure that planning and implementation activities reach the entire population and specific population subgroups, identified by the applicant, with documented health disparities w/in geographic area

Can only apply for one specific category.

Characteristics of Successful Recipients

Category A funding provided to recipients who represent areas that have limited or no experience implementing policy, environmental, programmatic, and infrastructure changes, as appropriate, but are ready to develop the capacity necessary to do so. Steps toward developing capacity include:

- Establishing or strengthening a multi-sectoral coalition
- Participating in policy, environmental, programmatic and infrastructure training
- Summarizing existing health data and conducting community health needs assessment of area
- Conducting community engagement with population subgroups experiencing health disparities
- Conducting policy scan and documenting gaps in existing policies, environments, programs and infrastructure

Capacity Building Activities:

- Program capacity
- Fiscal management
- Leadership team and coalition development
- Community health assessment and planning, including the development of a Community Transformation Plan (CTP)
- Development and implementation of a Capacity Building Plan (CBP)
- Development and implementation of a core evaluation plan

Category B funding provided to highly qualified recipients with among the highest documented burdens of chronic disease and with the following experience and support in place:

- one or more active coalitions and demonstrated success or experience working with state, community, tribal, or territorial leaders to implement policy, environmental, programmatic, and infrastructure change strategies
- demonstrated effective efforts (including documented evaluations) to reduce health disparities
- demonstrated ability to meet reporting requirements such as programmatic, financial, and management benchmarks as required by FOA

Implementation Activities

- Program infrastructure.
- Fiscal management.
- An established multi-sectoral leadership team and coalition (or coalitions).
- Selection of strategies.
- A Community Transformation Plan (CTP).
- Performance monitoring and evaluation.
- Participation in programmatic support activities.

CDC activities for this program, applicable to both Capacity Building and Implementation fund recipients, will include the following:

- Ongoing state and community programmatic support including—
 - Community health assessment and planning.
 - Evidence and practice-based and innovative approaches.
 - Community mobilization and partnership development.
 - Program sustainability.
 - Policy, environmental, programmatic, and infrastructure change
 - Evaluation.
 - Monitoring of risk behavior change and longer-term health outcomes.
 - Revision of Community Transformation Implementation Plans.
 - Data analysis, utilization, and dissemination.
 - Achieving health equity and addressing health disparities.
- Information transfer and programmatic support by convening trainings, meetings, workshops, Web forums, conferences, and conference calls with recipients.
- Conduct Community Transformation Grant Action Institutes and peer-to-peer meetings.
- Provide technical assistance for project evaluation.
- Record best practices and community experiences for dissemination to existing recipients and other communities for replication of successful strategies.
- Collaborate with recipients to develop dissemination document for stakeholders or the community.
- Fund national experts to provide programmatic support in capacity building and implementing the prescribed set of strategic directions and the selected strategies.
- Implement the national CTG evaluation.

For Capacity Building fund recipients, CDC will evaluate success in developing infrastructure necessary to move to implementation based on established criteria.

Important Dates

- LOI Deadline **June 6, 2011 (LOI required)**
- Next TA Call
 - **June 14, 2011 10am – 11:30am**
 - 1-888-972-9343; Lori Elmore is leader; passcode is 8899773
- Application Deadline **July 15, 2011**
 - 30 page max for Capacity
 - 50 pages max for Implementation
- Anticipated Award Date: **September 15, 2011**
- **Project Period Length – 5 years**

FAQ accessible at <http://www.cdc.gov/communitytransformation>

Additional questions can be sent to ctg@cdc.gov