

# *Communities Putting Prevention to Work– Louisiana Request for Information (RFI)*

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## **I. Introduction and Background**

The Centers for Disease Control and Prevention (CDC) has published a Funding Opportunity Announcement (FOA) entitled, “American Recovery and Reinvestment Act of 2009: Communities Putting Prevention to Work”. Approximately \$373 million will be available in fiscal year 2009 to fund thirty to forty awards nationally. 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.

The complete announcement is available for viewing at: [FOA - CDC-RFA-DP09-912ARRA09, American Recovery and Reinvestment Act of 2009 –Communities Putting Prevention to Work \(CPPW\)](#)

The Louisiana Public Health Institute (LPHI) will serve as the state’s designated entity to apply for this funding as a State Coordinated Small City/Rural Area applicant. The FOA requires the state pre-select two communities to become a part of the state’s application for these funds. Therefore, responses to the attached Request for Information (RFI) are being accepted from communities with populations under 500,000 to serve as one of the two communities possibly funded as pilot communities under this announcement. Each community must have an established community coalition and will be monitored for progress toward benchmarks, performance measures, and outcomes.

Communities eligible to apply for pre-selection must be (FOA p. 9):

- A **Small City**, defined as a jurisdiction with a population between 50,000 – 500,000 people; or
- A **Rural Area**, defined as a jurisdiction with a population of 50,000 people and below.

## **Obesity, Physical Activity, and Nutrition Program Goals (FOA p.6-8)**

Louisiana’s CPPW application will address Category A: Obesity prevention, physical activity and nutrition (FOA p. 9), not Category B: tobacco prevention and control. The application will center around two Louisiana communities with the following measures and goals:

### ***Adults***

- Stabilize or begin to decrease (up to 2%) adult overweight/obesity prevalence, thus reversing long term trends.
- Establish a 20% increase in the percentage of adults getting adequate physical activity, meaning 20% more adults meeting Physical Activity Guidelines.

- Establish a 5% decrease in consumption of sugar-sweetened beverages, for adults, a decrease of about 5 gallons per person per year.
- Establish a 20% increase in average daily fruit and vegetable consumption, an increase of approximately 1 serving.
- Establish a 15% increase in the percentage of adults with a heart-healthy diet based on USDA's Healthy Eating Index (HEI), meaning 15% more adults with diet including adequate fruits and vegetables and reduced intake of fats.
- Establish a 6% decrease in the percentage of adults getting excess calories based on USDA's Healthy Eating Index (HEI).

## **Youth**

- Stabilize or begin to decrease (up to 2%) youth overweight/obesity prevalence (up to age 2- 18), thus reversing long term trends.
- Establish a 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.
- Establish a 5% decrease in consumption of sugar-sweetened beverages in high school students, a decrease of approximately 4 gallons per person per year.
- Establish a 30% increase in average daily fruit and vegetable consumption among high school students, an increase of approximately 1 serving.
- Establish a 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.
- Establish a 6% decrease in the percentage of youth (ages 2-18) getting excess calories based on USDA's Healthy Eating Index (HEI).

**Project Initiatives (MAPPS Strategies) (FOA p. 22-23)**

Communities must select a mix of interventions that addresses obesity/nutrition/physical activity for all five evidence-based Media, Access, Point of Purchase, Price, and Social Support/Services (MAPPS) strategies in communities and schools. Awardees are not required to select strategies in each MAPPS area for *both* physical activity and nutrition. Rather, the mix of MAPPS interventions must address obesity and related risk factors.

The table below includes evidence-based interventions drawn from peer-reviewed literature as well as expert syntheses from the [Community Guide](#). Grantees are expected to use this list of evidence-based strategies to design a comprehensive set of strategies to produce the desired outcomes for the initiative.

**MAPPS Table**

	<b>Nutrition</b>	<b>Physical Activity</b>
<b>Media</b>	<ul style="list-style-type: none"> <li>Media and advertising restrictions consistent with federal law</li> <li>Promote healthy food/drink choices</li> <li>Counter-advertising for unhealthy choices</li> </ul>	<ul style="list-style-type: none"> <li>Promote increased activity</li> <li>Promote use of public transit</li> <li>Promote active transportation (bicycling and walking)</li> <li>Counter-advertising for screen time</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>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)</li> <li>Limit unhealthy food/drink availability (whole milk, sugar sweetened beverages, high-fat snacks)</li> <li>Reduce density of fast food establishments</li> <li>Eliminate transfat through purchasing actions, labeling initiatives, restaurant standards</li> <li>Reduce sodium through purchasing actions, labeling initiatives, restaurant standards</li> <li>Procurement policies and practices</li> <li>Farm to institution, including schools, worksites, hospitals and other community institutions</li> </ul>	<ul style="list-style-type: none"> <li>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).</li> <li>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)</li> <li>Require daily quality PE in schools</li> <li>Require daily physical activity in afterschool/childcare settings</li> <li>Restrict screen time (afterschool, daycare)</li> </ul>
<b>Point of Purchase/Promotion</b>	<ul style="list-style-type: none"> <li>Signage for healthy vs. less healthy items</li> <li>Product placement &amp; attractiveness</li> <li>Menu labeling</li> </ul>	<ul style="list-style-type: none"> <li>Signage for neighborhood destinations in walkable/mixed-use areas</li> <li>Signage for public transportation, bike lanes/boulevards.</li> </ul>
<b>Price</b>	<ul style="list-style-type: none"> <li>Changing relative prices of healthy vs. unhealthy items (e.g. through bulk purchase/procurement/competitive pricing).</li> </ul>	<ul style="list-style-type: none"> <li>Reduced price for park/facility use</li> <li>Incentives for active transit</li> <li>Subsidized memberships to recreational facilities</li> </ul>
<b>Social Support &amp; Services</b>	<ul style="list-style-type: none"> <li>Support breastfeeding through policy change and maternity care practices</li> </ul>	<ul style="list-style-type: none"> <li>Safe routes to school</li> <li>Workplace, faith, park, neighborhood activity groups (e.g., walking, hiking, biking)</li> </ul>

## II. Application Submission

This RFI seeks responses from lead organizations of coalitions in communities that meet either the “small city” or “rural” definition (FOA, p. 9). Communities must have an established coalition.

**The response to this RFI must be received by LPHI no later than 4:00 p.m. November 9, 2009 to be considered.** LPHI intends to select the two communities that will be included in the proposal to CDC by November 12th, 2009.

Application format:

Font size: 12 unreduced New Times Roman

Paper size: 8.5 by 11 inches

Page margins: One inch

Please include letters of support if available as attachments

Application may be submitted electronically, by fax, mail or hand delivery to:

CPPW RFI

Louisiana Public Health Institute

1515 Poydras St., Suite 1200

New Orleans, LA 70112

(504) 301-9801 fax

Email: [requestforinformation@lphi.org](mailto:requestforinformation@lphi.org)

Applications must be received by the published due date or they will not be considered.

Please submit any questions regarding this RFI to [requestforinformation@lphi.org](mailto:requestforinformation@lphi.org) and we will make every effort to respond in a timely manner. Relevant questions and responses will be posted under the FAQ section of the LPHI CPPW website which can be accessed by following the CPPW link on the LPHI homepage ([www.lphi.org](http://www.lphi.org)).

Any changes in the RFI process will be posted in the CPPW section of [www.lphi.org](http://www.lphi.org).

Note that funding is contingent upon Louisiana being awarded CPPW funds from CDC.

TENTATIVE Louisiana CPPW TIMELINE	
RFI released	November 2, 2009
RFI response due to LPHI	4:00 Central Time November 9 2009
Q&A conference call	TBD if necessary – check <a href="http://www.lphi.org">www.lphi.org</a> for details
Selected communities notified	November 12, 2009
Draft Community Action Plans complete	November 19, 2009
Proposal submission to CDC	November 27, 2009

**Louisiana Communities Putting Prevention to Work Application**  
**- Applications must be received by LPHI no later than 4:00 pm Central November 9, 2009 -**

**APPLICANT ORGANIZATION (i.e. Lead Agent / Fiduciary Agent)**

Organization Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_  
Name of Executive Director \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**APPLICANT PRIMARY CONTACT**

Primary Contact Name \_\_\_\_\_  
Title/Organization \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Name of Senior Level Municipal Official (Mayor, Parish President or other Lead Government Official) \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**APPLICANT SIGNATURE LINE**

\_\_\_\_\_ **Date**

**COMMUNITY DEMOGRAPHICS (if available)**

Community/Parish Name: \_\_\_\_\_  
Source of Information: \_\_\_\_\_ Population: \_\_\_\_\_  
Racial/Ethnic Population Breakdown: \_\_\_\_% African American \_\_\_\_% Caucasian  
\_\_\_\_% Hispanic/Latino \_\_\_\_% Other  
Age Breakdown: \_\_\_\_% Pre-School (Birth-5) \_\_\_\_% School Age (6-18)  
\_\_\_\_% Adult (19-64) \_\_\_\_% Older Adults (65 & older)

Estimate the number of employers/worksites in your Parish for each category:

\_\_\_\_ Very large (Over 2500 employees)  
\_\_\_\_ Large (1001 – 2500)  
\_\_\_\_ Medium (501 – 1000)  
\_\_\_\_ Small (101 – 500)  
\_\_\_\_ Very Small (Less than 100 employees)

How many school districts are in your community? \_\_\_\_\_

Please indicate the number of the following entities located in your Parish:

____ Schools/Colleges	____ Community Health Centers
____ Neighborhood/Community	____ Sr. Citizen Centers
____ Hospitals	____ Boys and Girls Clubs

Others (please list):

\_\_\_\_\_

## Application Checklist

### Does the applicant Community have the following?

	YES	NO
1. Established, existing community coalition in place. (FOA p. 5, 27, 34)	_____	_____
2. Coalition will work with state management team (including LPHI) to best serve the goals of the CPPW in your community.	_____	_____
3. Coalition agrees to work with the state management team (including LPHI) during the month of November, especially Nov 11-18 <sup>th</sup> , to complete LA CPPW application.	_____	_____
4. Coalition has demonstrated experience working with community leaders to implement policies, services, systems development, and environmental change strategies. (FOA p. 5, 34)	_____	_____
5. The mayor, parish executive, tribal leader, or other equivalent governmental official supports applying for this initiative and will provide a letter of support. (FOA p 28, 33)	_____	_____
6. Demonstrated support from all public school districts within the intervention area for the collection of Youth Risk Behavior Surveillance System (YRBSS) data among a representative sample of 9 <sup>th</sup> -12 <sup>th</sup> grade students for baseline during fall 2010 and follow-up at the end of the project period using standard YRBSS protocol. (FOA p. 5, 8, 13, 20, 29, 36)	_____	_____
7. Demonstrated ability of lead organization to meet reporting requirements such as programmatic, financial, and management benchmarks as required by the Recovery Act in section VI.3. Reporting Requirements under “Recovery Act-Specific Reporting Requirements.” (FOA p. 5, 34, 35)	_____	_____
8. Community will be ready to sustain efforts resulting from this initiative after the close of the two year budget period. (FOA p. 8, 12, 34, 35)	_____	_____

- 9. Applicant organization will be ready to hire staff or contract for staff as needed within 90 days of the start of the initiative. (FOA p. 7) \_\_\_\_\_
- 10. Coalition is prepared to use at least one evidence-based strategy to address each of the following five areas: Media, Access, Point of Purchase, Price and Social Support/Services (MAPPS strategies) the selection of interventions for nutrition/physical activity/obesity. (FOA p. 10 – 11) \_\_\_\_\_
- 11. Commitment to allow all individuals on the Leadership Team to attend a variety of required training and meetings. (FOA p. 13, 20, 34) \_\_\_\_\_
- 12. Ability to serve the entire jurisdiction proposed (FOA p. 28, 34) \_\_\_\_\_
- 13. Commitment to assure health equity in the community. (FOA p. 35) \_\_\_\_\_

**Short Answer Questions**

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- 1) Describe your existing coalition’s successes in working together in collaboration with community leaders to implement broad based policy, systems, and environmental change including:
  - a. List of current coalition organizations.
  - b. Any memorandums of understanding and samples of meeting agendas/minutes, etc. (if available).
  - c. Any examples which link your coalition with other community-based efforts, and the leveraging of resources including State, Federal monies and any Foundation activities.
- 2) Please describe your governmental, non-governmental and school organizations commitment in support of CPPW initiative. What is your community’s state of readiness to focus attention, energy, and resources on improving healthy eating, active lifestyles and livable communities?
- 3) Please provide a summary of your community’s successes and challenges in the area of obesity, physical activity and nutrition. How will you address these challenges?

4) Briefly describe the vision and goals you expect to achieve in your community as a whole, including schools and worksites, if selected to participate in the LA CPPW.

5) Describe your plans to collaborate with partners in your community to maximize outcomes. This may include involvement of schools, parent organizations, local community organizations, businesses, and government. Please list possible leadership team members in your community and their roles. (see RFI p.7)

6) What resources, strengths or assets do you think your community possesses that will help you succeed in implementing policy and environmental changes that will promote long-term sustainable change? What barriers or weaknesses do you believe are present?

7) Describe the lead organization's capacity to manage the fiscal and reporting requirements (including Administrative, National Policy and Recovery Act-specific reporting requirements).

**Leadership Team Members**

The leadership team should have broad influence in the community to successfully implement broad-based policy, systems, and environmental change initiatives. (FOA p. 32-33) The leadership team should demonstrate a high-level commitment to the CPPW Initiative, including a commitment of time and other resources. The leadership team should exhibit the potential for successful collaboration with community leaders to implement broad-based policy, systems, and environmental change initiatives.

1) **Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Role in the community**

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2) **Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Role in the community**

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3) **Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Role in the community**

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4) **Name** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Role in the community**

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5) Name \_\_\_\_\_ Title \_\_\_\_\_  
**Role in the community**

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6) Name \_\_\_\_\_ Title \_\_\_\_\_  
**Role in the community**

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7) Name \_\_\_\_\_ Title \_\_\_\_\_  
**Role in the community**

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8) Name \_\_\_\_\_ Title \_\_\_\_\_  
**Role in the community**

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#### IV. RFI Response Review Process

All complete RFI responses received in proper format by the deadline by LPHI will be reviewed by a review panel convened by the State and LPHI. Eligible responses will be scored objectively according to panel's assessment of the strength of responses as relates to the following criteria (each of the 5 items below will receive a score between 0 and 20 for a total of 100 points possible):

- 1) Evidence of history of effective collaborative efforts or community planning to improve health of residents.
  - Community describes their proposed intervention area and how it overlaps with entire jurisdiction of health department, including description of size of community and populations to be served.
  - Community demonstrated experience planning in broad-based public policy, system and environmental change or other health related activities.
  - Community has existing active coalitions with demonstrated experience working in the community.
  - List of existing coalition membership.
- 2) Evidence of commitment or support for activities of key leaders from across relevant community sectors (to include at least public health, local government, local schools, local health and nutrition and physical activity providers and advocates) to a CPPW program.
  - Letter of support from Mayor, parish executive, or their equivalent governmental official.
  - Letter of support from public school districts with the intervention for collection of YRBSS.
  - List of proposed Leadership Team. (FOA p. 32-33)
- 3) Evidence of existing coalition already working in the area of health and wellbeing willing to fully participate in CPPW proposal development in November, 2009, with LPHI and State partners, including the development of a two year Community Action Plan (CAP) as described in the CDC FOA.
- 4) Evidence of ability and commitment of CPPW community lead/ applicant organization and community partners to assure adherence to fiduciary, administrative, training and meeting, program management and reporting requirements of the CPPW grant. Willingness of the coalition to carry out the CPPW Community Action Plan in partnership with LPHI and State Management team (including the funded communities, state health department's FOA designated health communities coordinator, state education agency, state planning agency, state obesity or physical activity/nutrition coordinator, and the Office of Rural Health (where appropriate) (FOA, p. 17). Demonstrated ability to meet reporting requirements for programmatic, financial, and management benchmarks required by ARRA.
- 5) Demonstrate the community's need for this project and how the community will benefit.

LPHI intends to notify all eligible responders of selected communities by November 12<sup>th</sup>, 2009

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\_\_\_\_ DATE APPLICATION RECEIVED  
\_\_\_\_ DATE APPLICANT NOTIFIED  
\_\_\_\_ APPROVED  
\_\_\_\_ NOT APPROVED  
\_\_\_\_ APPROVED FOR ALTERNATE