

Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Health Promotion and Disease Prevention Research Centers: RFA-DP-24-004
RFA-DP-24-004
06/23/2023

Table of Contents

Section I. Funding Opportunity Description 4
Section II. Award Information.....28
Section III. Eligibility Information 29
Section IV. Application and Submission Information.....32
Section V. Application Review Information 51
Section VI. Award Administration Information 60
Section VII. Agency Contacts 75
Section VIII. Other Information 76

Overview

Participating Organization(s)

Centers for Disease Control and Prevention

Components of Participating Organizations

Components of Participating Organizations:
National Center for Chronic Disease Prevention and Health Promotion

Notice of Funding Opportunity (NOFO) Title

Health Promotion and Disease Prevention Research Centers: RFA-DP-24-004

Activity Code

U48

Notice of Funding Opportunity Type

New

Agency Notice of Funding Opportunity Number

RFA-DP-24-004

Assistance Listings Number(s)

93.135

Category of Funding Activity

HL - Health

NOFO Purpose

This Notice of Funding Opportunity (NOFO) will provide funding to academic research centers to participate in the network of Health Promotion and Disease Prevention Research Centers (PRC Network) to:

- Establish and maintain a multi-disciplinary prevention research center (Center) that conducts high-quality applied health promotion and disease prevention public health research (hereafter referred to as prevention research);
- Conduct one (1) dissemination and implementation (D&I) core research project that utilizes (a) an evidence-based public health intervention (EBI) and (b) an equitable and evidence-based community engaged approach – e.g., community-based participatory research (CBPR), to address a leading cause of chronic disease morbidity or mortality in a population experiencing high levels of health disparities or health inequities;
- Collaborate with partners that can help translate research findings into practice within the research community (hereafter referred to as partners that translate), promote sustainability beyond the core research project, and facilitate dissemination;
- Disseminate research findings to community, practice, and academic audiences;
- Serve as a resource to other PRCs, as part of the PRC Network, for adapting, implementing, evaluating, disseminating, and translating evidence-based public health interventions at local, state, tribal, or national levels; and
- Participate in the PRC Network to (a) leverage the expertise of the network members to inform individual core research project and center activities (as needed) and (b) advance the network's collective impact in public health prevention research, policy, and practice.

Key Dates

Publication Date:

To receive notification of any changes to RFA-DP-24-004, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.

Letter of Intent Due Date:

The LOI date will generate once the Synopsis is published if Days or a Date are entered.
05/23/2023

Application Due Date:

06/23/2023
06/23/2023

On-time submission requires that electronic applications be error-free and made available to CDC for processing from the NIH eRA system on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov no later than 11:59 PM U.S. Eastern Time.

Applicants will use a system or platform to submit their applications through Grants.gov and eRA Commons to CDC. ASSIST, an institutional system to system (S2S) solution, or Grants.gov Workspace are options. ASSIST is a commonly used platform because it provides a validation of all requirements prior to submission and prevents errors.

For more information on accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist. Additional support is available from the NIH eRA Service desk via http://grants.nih.gov/support/index.html.

- E-mail: commons@od.nih.gov
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552
- Hours: Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding Federal holidays

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Scientific Merit Review:
08/25/2023

Secondary Review:
10/25/2023

Estimated Start Date:
09/30/2024

Expiration Date:
06/24/2023

Required Application Instructions

It is critical that applicants follow the instructions in the How to Apply - Application Guide except where instructed to do otherwise in this NOFO. Conformance to all requirements (both in the Application Guide and the NOFO) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Note: The Research Strategy component of the Research Plan is limited to 25 pages.

Page Limitations: Pages that exceed the page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

Applications that do not comply with these instructions may be delayed or may not be accepted for review.

Telecommunications for the Hearing Impaired: TTY 1-888-232-6348

Executive Summary

This Notice of Funding Opportunity (NOFO) invites applications from eligible institutions to participate and collaborate in a network of Health Promotion and Disease Prevention Research Centers (PRC Network). PRCs will conduct high-quality applied health promotion and disease prevention public health research; including one (1) dissemination and implementation (D&I) core research project that utilizes an evidence-based intervention (EBI) and a community-engaged approach to address a leading cause of chronic disease morbidity or mortality in a population experiencing high levels of health disparities or health inequities

Mechanism of Support. Cooperative Agreement

Funds Available and Anticipated Number of Awards. The estimated total funding (including direct and indirect costs) for the 5-year period of performance is $100,000,000. CDC anticipates funding up to 20 awards under this NOFO with each award funded up to $1,000,000 (includes direct and indirect costs) per year for each year of performance.

Budget and Period of Performance. The estimated total funding (including direct and indirect costs) for all awards for the first 12-month budget period, 9/30/2024 - 9/29/2025, is $20,000,000. The project period for this 5-year cooperative agreement is 9/30/2024 to 9/29/2029.

Application Research Strategy Length. Page limits for the Research Strategy are clearly specified in Section IV. Application and Submission Information of this announcement.

Eligible Institutions/Organizations. Institutions/organizations listed in "Section III. Eligibility Information, 1." are eligible to apply.

Eligible Project Directors/Principal Investigators (PDs/PIs). Individuals with the skills, knowledge, and resources necessary to carry out the proposed PRC activities are invited to work with their institution/organization to develop an application for support.

NOTE: CDC does not make awards to individuals directly, but to institutions/organizations. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply.

Number of PDs/PIs. Applications may include more than one PI; however, the first PI listed on the application will be the contact PI for all correspondence associated with this NOFO. Additional PIs are permitted but would be referred to as Co-PIs.

Number of Applications. Only one application per institution (normally identified by having a unique UEI number) is allowed. An academic institution (identified by having a unique UEI number) may submit, or be part of, only a single application in response to this NOFO. Multiple applications from different divisions, faculties, centers, schools, etc. of the same university, school of public health, medicine, or osteopathy will be returned without further consideration by CDC.

Application Type. New

Special Date(s). A NOFO Pre-application information webinar will be held for potential applicants approximately two weeks after the NOFO has been issued. Details including the date, time and instructions to participate in the Pre-Application Information Webinar will be provided online at www.cdc.gov/PRC/ at least one week prior to the webinar.

Application Materials. See Section IV.1 for application materials.

Hearing Assistance: Telecommunications for the Deaf or Hard of Hearing: TTY 1-888-232-6348

Section I. Funding Opportunity Description

Statutory Authority

Section 1706 of the Public Health Service Act, as amended, 42 U.S.C. 300u-5, academic health centers, as defined in 42 U.S.C. 300u-5(d) and Section 799B, as amended 42 U.S.C 295p.

1. Background and Purpose

In 2021, chronic diseases including heart disease, cancer, stroke, chronic lower respiratory diseases, Alzheimer's disease, diabetes, chronic liver disease and cirrhosis, and kidney disease were among the 10 leading causes of death in the United States [1]. People with chronic diseases account for 90% of US healthcare expenditures and people with five or more chronic diseases account for 41% of the total (based on 2014 data) [2]. Most chronic diseases can be prevented by promoting healthy behaviors such as eating well, being physically active, avoiding tobacco use and excessive drinking, and getting regular health screenings. There are numerous evidence-based interventions (EBIs) that have been tested through rigorous research and found to be effective at promoting healthy behaviors and reducing risk for chronic disease morbidity and mortality [3,4].

While interventions exist to help prevent chronic disease, there are also challenges to achieving public health impact. Effective interventions are often not dissemination ready. They may lack associated implementation support tools and materials, training for practitioners, and require community capacity to put them into widespread practice. They may also require adaptation for different populations or settings from those where the original research was conducted. In addition, interventions may not be implemented effectively to achieve outcomes similar to those shown in research (e.g., issues with fidelity or adherence to the program as designed, poor fit to different contexts or populations, and lack of resources or support). Public health practitioners need feasible EBIs that are ready to be put into practice with guidance and resources for effective implementation.

Sustaining and implementing EBIs in public health practice is necessary to achieve improvements in public health. Dissemination and implementation (D&I) research increase the understanding of effective strategies to (1) implement EBIs (e.g., the use of translation tools and resources and implementation supports), and (2) disseminate information about EBIs and the associated effective implementation strategies [5] that advance prevention of chronic disease morbidity and mortality. Dissemination and implementation research can also aid in the understanding of factors that can prevent or enable improvements in implementation (e.g., facilitators and barriers to implementation) [6,7]. Dissemination research is needed to develop an understanding of effective dissemination strategies and to widely share knowledge about EBIs. Implementation research aims to expand our understanding of how EBIs can be adopted and implemented effectively in real world settings, and with diverse populations. It is also important to understand the contextual and socio-ecological factors that affect implementation; to do this, practical measures are needed that help to identify the most relevant aspects of context that influence implementation of EBIs. [8,9].

Public health research and practice has identified many health disparities, defined as the known differences in health outcomes between groups of people. Many health disparities are also considered health inequities because they arise from unfair differences in opportunity to lead healthy lives due to differential access to power, resources, or medical care, treatments, and medicines. It is important to address health disparities and promote health equity through D&I

research to increase implementation for all population groups equitably [10]. For the purposes of this NOFO, health equity is defined as the state in which everyone has a fair and just opportunity to attain their highest level of health. In the fall of 2021, CDC launched an agency wide process to expand cross-cutting efforts to address Social Determinants of Health (SDOH) (https://www.cdc.gov/about/sdoh/cdc-doing-sdoh.html) [11,12], and, more recently, declared racism a public health crisis (https://www.cdc.gov/minorityhealth/racism-disparities/cdc-efforts.html). While SDOH are one of the most widespread approaches to addressing drivers of health disparities, other approaches point to the commercial (CDOH), political (PDOH), and moral (MDOH) determinants of health, among others [13,14,15]. Furthermore, multiple structural root causes often combine their effects, necessitating attention to intersectionality when assessing root causes of disparities in drivers of health and health outcomes for the purposes of designing public health research, policy, and practice. To move toward the goal of achieving health equity (i.e., fair and just opportunities), it is important to understand the structural root causes of health inequities (e.g., structural racism, inequitable allocation of resources and opportunities related to EBIs), and the role D&I research and specific EBIs and approaches play in the pathway between root causes and health inequities [8].

Prevention researchers have the expertise needed to conduct high quality D&I research studies to expand knowledge, tools, and resources available to achieve greater adoption, implementation, and wide scale use of effective interventions to reduce health disparities and health inequities. The Prevention Research Centers (PRC) Program is well suited to fill this critical need in public health. Congress authorized CDC to establish the Prevention Research Centers Program (Public Law 98-551) in 1986 to conduct research and demonstration projects in health promotion and disease prevention and improve methods of appraising health hazards and risk factors and serve as demonstration sites for the use of new and innovative research in public health techniques to prevent chronic disease. Congress mandated that centers be located in academic health centers defined as: accredited schools of public health; accredited schools of medicine with a preventive medicine residency program; or accredited schools of osteopathy with a preventive medicine residency program. CDC administers the PRC Program and provides leadership, technical assistance, oversight, and support for funded PRCs. In addition to building the PRC infrastructure and conducting prevention research on chronic disease prevention priorities, funded PRCs that make up a PRC Network can apply for future NOFO supplemental Special Interest Projects (SIPs). SIP NOFOs fund additional prevention research projects sponsored by CDC, HHS, and other federal agencies that advance evidence-based practice and answer important and timely practice-based questions.

As a collective, the PRCs Network can leverage their individual expertise, partnerships, and infrastructure to increase the utilization of EBIs that will contribute to improved health equity and population health. The PRC network will contribute to sustained, scaled-up, and more widespread use of EBIs and systems-wide public health strategies to reduce or eliminate the drivers and root causes of health disparities or inequities.

The project activities of PRCs that will be funded under this cooperative agreement are divided into the following three components. Applicants are expected to address all three components in their application.

I. PRC Center
II. PRC Core Research Project

III. PRC Network

Healthy People 2030 and other National Strategic Priorities
This NOFO supports efforts that align with chronic disease prevention and health promotion priorities including the following Healthy People 2030 topic areas:

Health Conditions

Addiction, Arthritis, Cancer, Chronic Kidney Disease, Chronic Pain, Dementias, Diabetes, Heart Disease and Stroke, Mental Health and Mental Disorders, Oral Conditions, Overweight & Obesity, Pregnancy & Childbirth

Health Behaviors

Child & Adolescent Development, Drug & Alcohol Use, Nutrition & Healthy Eating, Physical Activity, Preventive Care, Sleep

Populations

Adolescents, Children, Infants, LGBTQ, Older Adults, Parents or Caregivers, People with Disabilities, Workforce

Social Determinants of Health

Economic Stability, Education Access & Quality, Health Care Access & Quality, Neighborhood & Built Environment, Social & Community Context

Public Health Impact
The PRCs will use equitable and participatory evidence-based, community engaged approaches to 1) fill critical gaps in chronic disease prevention and health promotion research, and 2) identify effective strategies to reduce or eliminate health disparities and health inequities. A successful PRC will:

- Effectively engage communities and partners in their research, translation, and dissemination activities.
- Address translation gaps between research and public health practice through development of translation products (e.g., research and practice tools), and support for partners and community members to adopt and use translation products to implement EBIs in their communities.
- Disseminate EBIs (i.e., programs, practices, policies) and associated translation products to intended audiences.
- Facilitate adoption and effective implementation of EBIs in the community of focus and additional communities. Contribute to the collective impact of the PRC Network in advancing health-equity-focused public health prevention research, policy, and practice.

This work will contribute to widespread, sustained and scaled-up use of EBIs and systems-wide public health strategies reducing or eliminating the drivers and root causes of health disparities, which will contribute to improved health equity and population health.

Relevant Work

For over three decades, PRCs have been at the forefront of engaging community members and partners in equitable and participatory prevention research, building understanding of health problems that center local knowledge and lived experiences. The resulting evidence base has allowed PRCs to design and effectively implement prevention research and sustain and scale-up public health programs and interventions. PRC projects have impacted public health through their efforts to improve public health practice, create healthy communities, and eliminate health disparities.

PRCs have worked with local communities to develop, test, and evaluate solutions to public health problems. Each PRC is funded for five years to maintain a research center and conduct prevention research that promotes health and prevents chronic illness and other diseases and disabilities. The solutions developed by PRCs are intended to be applied widely, especially in populations affected by health disparities. In addition to creating healthier communities, PRCs have increased the skill and capacity of the public health workforce and conducted research that will guide future initiatives.

The 2024-2029 NOFO's focus on D&I research will further accelerate the translation, dissemination, and implementation of evidence-based public health research that address chronic disease prevention and health promotion priorities among communities to advance health equity.

For more information about the PRC program visit: https://www.cdc.gov/prc/index.htm.

For information about the National Centers for Chronic Disease Prevention and Health Promotion visit https://www.cdc.gov/chronicdisease/index.htm.

2. Approach

This NOFO describes the expectations for PRCs to conduct prevention research to address, reduce, or eliminate the leading causes of chronic diseases and chronic disease associated mortality aligned with chronic disease prevention and health promotion public health priorities, and improve health outcomes of populations experiencing high levels of health disparities and inequities (listed in Appendix 1). This section describes required activities for funded PRCs. The major activity for each PRC is the completion of a core research project focused on D&I research using EBIs. D&I research should focus on EBIs that address chronic disease prevention and health promotion priority health topics (included in Appendix 1) in populations experiencing high levels of health disparities and health inequities. PRCs are also expected to conduct Center activities and actively participate in PRC Network activities.

All center activities, including the core research project, should focus on communities who are experiencing high levels of health disparities or health inequities. For all prevention research projects, recipients are expected to consider the underlying social and structural conditions (e.g., Social Determinants of Health) that contribute to, or drive health disparities or health inequities and the public health burden of chronic diseases. This includes, but is not limited to, rural and tribal communities; neighborhoods with social disadvantage; racial, ethnic, sexual, or gender groups; veterans, and people with disabilities. For more information visit https://www.cdc.gov/chronicdisease/healthequity/health-equity-science.html. Additionally, applicants are expected to employ a diverse and inclusive PRC workforce (i.e., employing people with diverse backgrounds and ensuring everyone is treated fairly and equally).

For the purposes of this NOFO, the following key terms are defined below. Refer to the glossary in Appendix 3 to find additional terms defined.

Translation = Process, supports, and steps needed or taken to ensure effective use and sustainability of evidence-based public health interventions including programs, practices, and policies. Translation products include research and practice tools, that are developed with the primary purpose of enabling public health practitioners to adopt, implement, or scale up EBIs.

Dissemination = Purposeful and facilitated process of distributing research findings, information, and tools to community, practice, and academic audiences, organizations, and individuals who can use them to improve health. Dissemination products are developed with the primary purpose of sharing scientific findings or research results with community, practice, and academic audiences.

Dissemination research = Dissemination research is defined as the systematic study of processes and factors that lead to widespread use of an evidence-based intervention by the target population. Its focus is to identify the best methods that enhance the uptake and utilization of the intervention [9].

Implementation research = Scientific study of the use of strategies to promote adoption and integration of evidence-based health interventions into clinical and community settings to improve individual health outcomes and population health [16].

I. PRC Center Component:

1. Establish and maintain a PRC infrastructure to conduct applied prevention and health promotion public health research (hereafter referred to as prevention research) including but not limited to the PRC core research project.
2. Engage the Community Advisory Board (CAB) and other partners to inform all prevention research projects.
3. Build capacity to conduct prevention research.
4. Communicate information about PRC activities to intended audiences.

II. PRC Core Research Project Component:

1. Engage community members throughout the PRC core research project.
2. Develop and sustain partnerships with national, regional, state, and/or local organizations to carry out the PRC core research project, including at least one partnership with a state, local, tribal, or territorial health department.
3. Conduct and complete one (1) D&I PRC core research project from the list of Chronic Disease Prevention priorities included in Appendix 1.
4. Disseminate the PRC core research project's approaches, methods, tools, products, lessons learned, and findings to community, public health practitioners, and academic audiences.
5. Translate the core research project to facilitate adoption and implementation of EBIs into public health practice.

III. PRC Network Component:

1. Participate in PRC Network activities including but not limited to, workgroups/committees, meetings, and conferences to share information, resources, and inform network-wide decisions.
2. Collaborate with PRCs in the network to advance PRC core research projects and other PRC projects (as appropriate).

Note: CDC will provide network infrastructure and support to foster connections between network members and external partners for training, technical assistance, sharing tools and resources, lessons learned, and best practices.

I. PRC Center Component

PRCs should allocate 30% of the funding (direct and indirect costs) provided through this NOFO to support the PRC center component activities. PRC center component activities should be aligned with the PRC core research project topic and the PRC center infrastructure's main purpose should be to support the capacity necessary to complete the PRC core research project and associated translation activities.

This NOFO invests in strengthening national capacity in prevention research and public health practice, therefore PRCs may provide expertise and services to state health departments and other local, state, tribal, or national organizations. Services can include public health practice competency training to practitioners, prevention research training to students, and services such as public health needs assessment and evaluation. These activities support the national public health infrastructure, improve the delivery of public health services, and improve population health.

PRC expertise in prevention research and public health practice may be leveraged through additional NOFOs and/or supplemental funding to expand the PRC center's activities to support CDC public health priorities (research and non-research) including but not limited to public health emergencies, pandemics, and training of the public health workforce.

Major activities of the PRC center component include:

1.Establish and maintain a PRC infrastructure to conduct applied prevention and health promotion public health research (hereafter referred to as prevention research) including but not limited to the PRC core research project.

a. Obtain and use institutional support to sustain the scientific and financial administration of the PRC.

- Establish, sustain, and/or enhance the organizational infrastructure and facilities needed to operate the PRC.
- Demonstrate institutional support by providing university resources to the PRC (e.g., additional funding, return of Facilities & Administration costs, in-kind support, FTE support, office space, fiscal operations, etc.).

b. Maintain an administrative team (faculty and staff) to conduct PRC center activities and ensure completion of the PRC core research project (CRP).

- The PRC's administrative team should consist of required key personnel:
    - Principal Investigator/Project Director (PI/PD),

    - PRC Deputy Director,
    - PRC Core research project PI (if different from Project Director), and
    - Other administrative faculty and staff necessary to conduct center component activities.

- PRC Principal Investigator (PI) attracts and leads multidisciplinary faculty and staff to accomplish the goals and objectives of the PRC and support long-range planning and implementation of the PRC's research and translation agenda. The PI develops a unified operating infrastructure that ensures resources and processes are in place to conduct and monitor PRC core research project and PRC center activities, implementing the terms and conditions of the grant award, and ensure faculty and staff have adequate capacity to administer a high-quality PRC.
- PRC Deputy Director manages the day-to-day operations including management of post-award requirements, monitoring center performance, managing center finances, and ensuring the terms and conditions of the grant award are met.
- PRC faculty and staff should possess the capacity and experience to administer a high-quality prevention research center and conduct rigorous prevention research in community settings.
- PRC Faculty and staff should be trained in public health principles, health promotion, community-engaged research, applied public health, dissemination and implementation science, translation science, program evaluation, and other related concepts.
- The PRCs must include the following staff members with the appropriate knowledge, skills, experience, and expertise to support activities of this NOFO including lead and manage communications, dissemination, translation, and evaluation activities of the PRC center and ensure the PRC core research project can be successfully completed; and to enhance opportunities for collaboration and collective impact across the PRC Network.
    - A lead communication staff member that is responsible for planning and executing the PRC center communications activities. PRC center communications staff are expected to be actively involved in PRC center communications activities throughout the duration of the funding cycle.
    - A lead dissemination and translation staff member that is responsible for planning and executing the dissemination and translation plan, and ensuring dissemination products are distributed to practice, community and academic audiences; and translation products are provided to partners for translation activities for sustained implementation.
    - A lead evaluation staff member that is responsible for managing the PRC site-specific internal evaluation as the evaluation point of contact and monitoring and reporting progress in achieving NOFO requirements as the monitoring point of contact.
    - Communications, dissemination and translation, and evaluation staff can be leveraged from existing staff within the broader academic health center.

c. Maintain a Community Advisory Board (CAB).

- The PRC will maintain one (1) CAB throughout the entire project period of the award that will be engaged in all components of this NOFO (PRC center, PRC core research project, and PRC Network).
- The CAB should be ready to activate by the award start date, with a leadership structure established, by-laws and standard operating procedures developed, and a roster of initial CAB members with signed Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), or Letters of Support (LOS) including:
    - Individual members of the community of focus and populations participating in the CRP.
    - Key partners with experience working in the community of focus, government, non-government agencies, and private sector partners with interest in the services and products of the center (e.g. health departments, education agencies, community economic development organizations, etc.

d. Develop and sustain partnerships with national, regional, state, and local public health and multi-sector organizations for center activities.

- Establish partnerships by generating a memorandum of understanding or agreement (MOU/MOA).
- Key partners may include community organizations, multi-sectoral partners, non-profit organizations, health departments, and other agencies.
- Work with at least one partner for translation activities that has capacity to address drivers of health disparities.
- Build trusting relationships through being responsive to partner needs and interests, creating shared ownership of PRC activities and the process of building the knowledge and evidence-base and recognizing that sufficient time and effort is necessary to establish trust.

2.Engage the CAB and other partners to inform all prevention research projects.

a. Collaborate with the CAB to engage community members throughout all phases of the PRC core research project, and other funded prevention research projects resulting from this NOFO.

- Engage the CAB in the identification of the public health need, selection of the EBI, design and conduct of the study, implementation and dissemination activities, translation activities, and long-term sustainability of the intervention.
- Engage the CAB to develop and execute activities through the planning, implementation, analyses/evaluation, dissemination, and translation stages of research.
- Use an equitable and evidence-based community engagement approach to collaborate with the CAB (e.g., community-based participatory research) to engage community member and PRC partners (CAB, stakeholders, health departments) in center activities and all phases of the core research project.
- Build trusting relationships with the community through being responsive to community needs and interests; creating shared ownership of PRC activities and

the process of building the knowledge and evidence-base; and recognizing that sufficient time and effort is necessary to establish trust.

b. Collaborate with the CAB to engage other partners (e.g. community-based organizations, multi-sector organizations, non-profit organizations, education agencies, community economic development organizations) that are not members of the CAB who can advise on planning and implementation of prevention research projects.

- Engage with partners to expand PRC center activities like design and execute research, implement program strategies, sustain outcomes, and to exchange information between experts working in various areas of public health, governmental, and non-governmental sectors.
- Engage with state, tribal, local, territorial health departments to provide services (e.g., technical assistance, program evaluation, etc.) and subject matter expertise to develop, enhance, or improve public health practice, programs, or activities. Services may include program evaluation, public health needs, assessments, etc.

3. Build capacity to conduct prevention research

a. Assess capacity needs using formal and/or informal methods during the first year of the award.

- Identify gaps in knowledge capacities, strengths, and needs of the CAB, PRC faculty and staff, and partners (stakeholders, health departments, community-based organizations, etc.) to engage in PRC center and PRC core research project activities to support prevention research.
    - Determine the appropriate use of formal (e.g., online surveys) or informal methods (e.g., facilitated discussions) to assess needs.

b. Develop and implement training and technical assistance to build capacity for CAB, PRC Faculty and staff, and other partners throughout the 5-year period of performance of the award.

- Develop training, provide technical assistance, tools and resources for capacity building, and other products that will address capacity gaps identified in the assessment of the CAB, PRC faculty and staff, and other partners' needs.
- Serve as a training resource for the CAB and other partners to expand awareness of effective population health approaches to address SDOH, health disparities, and promote health equity.
- Training may include how to implement effective EBIs, use translation products, evaluate programs and practices, or conduct public health system assessments to improve population health outcomes as needed.

c. Build and maintain expertise of PRC faculty and staff in prevention research, effective population health approaches, and public health practice.

- Address gaps in knowledge among PRC faculty and staff that will guide efforts to strengthen organizational capacity to conduct prevention research.

- Promote main areas of PRC expertise to partners so these areas of expertise are widely known and can yield additional collaborative research and non-research projects.

d. Build and maintain the capacity of the CAB, and other partners to contribute to high quality prevention research.

- Address the CAB, and other partner capacity needs - Identify gaps in knowledge capacities, strengths, and needs of the CAB, and other partners to engage in center and core research project activities to support adoption and implementation of EBIs.

e. Build the capacity of researchers and future researchers to conduct D&I research.

- Serve as a training resource for students (i.e., public health undergraduate and graduate students, medical students) and preventative medicine residents and postdoctoral fellows to learn effective D&I research methods, and population health approaches to address social determinants of health, health disparities, and promote health equity.
    - Establish a pipeline of applied prevention researchers skilled in community engagement (i.e. building the bench).
    - Training may include practicums, internships, and fellowships.
- Serve as a resource to the institution's/university's early and mid-career faculty and staff by providing mentorship on applied prevention research, and other experiences that will build capacity to conduct community-engaged research, D&I research, and implementation science.

Note: Academic instruction and large-scale public health training programs are not supported under this NOFO. Pilot funding/mini-grants for research projects <u>will not</u> be supported by this NOFO.

4. Communicate information about PRC activities to intended audiences

a. Develop and maintain a PRC center website (using the CDC PRC Program Style Guide) relevant for sharing information with their intended audience within the first year of award.

b. Establish communication channels (e.g., social media, newsletters) and platforms (e.g., audio/video conferencing) relevant for sharing information with their intended audiences within the first year of award

c. Establish regular lines of communications (e.g., meetings, email) with staff and partners to keep them informed and engaged as information and products become available within the first year of award

d. Promote the skills, knowledge, areas of expertise, and products within the PRC center, the broader academic health center, and to key external audiences (e.g., community, practice, academic).

e. Engage and support strategic partnerships who are positioned to quickly and effectively reach broad community, practice and academic audiences that are not easily accessible to the PRC.

f. Execute a detailed approach (i.e., dedicated center communications plan) to promote the center, including skills, knowledge, expertise, or products and engaging partners (CAB, stakeholders, health departments) throughout a variety of communication channels

- A PRC center communications plan, developed within the first year of award, that formally defines who should be given specific information (audiences), when that information should be delivered and what communication channels will be used to deliver the information. The PRC center communications plan is separate from the PRC's core research project dissemination/translation plan.
- The PRC center communications plan will be developed in the first year of the award. CDC will provide guidance post award.

g. Maintain communication capacity to include computer software/tools needed for product development throughout the award (e.g., stock image licensing, graphic design, animations) not likely to be part of a standard office package and provide any necessary training and skill development to use these resources effectively.

h. Ensure at least one partner in PRC communication activities is familiar with the SDOH and health disparities being addressed by the PRC center activities and PRC core research project so they can communicate with the community of interest using principles of inclusive communication, and in a culturally appropriate and relevant manner.

II. PRC Core Research Project Component

The NOFO will support one (1) dissemination and implementation (D&I) research project (i.e., PRC core research project) that utilizes an evidence-based public health intervention (EBI) and a community-engaged approach (e.g., CBPR) to address chronic disease prevention priority categories included in Appendix 1 and health promotion priorities in a population experiencing high levels of health disparities. The PRC Core Research Project must be selected from chronic disease prevention priority categories (1-17) included in Appendix 1. **This NOFO will NOT support etiological research or efficacy research.**

To ensure adequate resources are committed to this component, at least sixty percent (60%) of the funding (direct and indirect costs) provided through this NOFO should be used to support the design, development, implementation, dissemination, and translation of the PRC core research project component activities. A portion of the PRC core research project funding may include costs of developing translation products and training partners to implement the EBI.

The PRC core research projects may address any of the following dissemination and implementation research questions including but not limited to:

1. What barriers and facilitators to implementation exist?
2. What barriers and facilitators to project sustainability exist within the research community?

3. What are effective strategies for reducing barriers and/or enhancing facilitators that will support adoption and implementation of the evidence-based intervention in practice?
4. How can the evidence-based intervention being researched be scaled up to broader regions or populations outside the research community?
5. How can implementation be improved to achieve desired health outcomes?
6. What are the most effective techniques to improve the dissemination and receipt of evidence?
7. How do contextual factors influence implementation success or failure?
8. How could a program, practice, policy, or service delivery be implemented more equitably, e.g., in settings where financial and human resources are low, or where other cultural and social norms affect health-seeking behaviors?
9. What supports/activities are necessary for successful implementation? Are they replicable?

The PRC core research project should lead to increased adoption and sustained effective implementation of EBIs (i.e., programs, practices, and policies) among populations experiencing high levels of health disparities. Implementation outcomes of interest that align with the above research questions include but are not limited to:

- Acceptability- perception among implementation stakeholders that a treatment, service, practice or innovation is agreeable, palatable, or satisfactory.
- Adoption – the intent, initial decision, or action of an organization or community to try or employ an evidence-based intervention.
- Appropriateness – the perceived fit, relevance, or compatibility of an innovation or evidence-based practice for a given practice setting, provider, or consumer; and/or perceived fit of the innovation to address a particular issue or problem.
- Cost- the multiple aspects of the development, testing, and implementation of an intervention including the intervention's cost-effectiveness, the cost around intervention development, implementation of the intervention, and recruitment of subjects into a trial.
- Feasibility – the extent to which an intervention can be successfully used or carried out within a given agency or setting.
- Maintenance- the extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies.
- Penetration – the integration of a practice within a service setting and its subsystems.
- Sustainability – the extent to which an evidence-based intervention is maintained or institutionalized within a service setting’s ongoing, stable operations while continuing to deliver its intended benefits.
- Implementation support – general and intervention-specific structures and services such as organizational capacity, champions, staffing, financial resources, training, technical assistance, translation products, and intangibles such as leadership and political will that assist with putting an intervention into practice.

Major activities of the PRC core research project component include:

1. Engage community members throughout the PRC core research project

a. Utilize the PRC CAB and/or other community representatives as appropriate to engage the community members using an evidence-based process such as CBPR and/or other equitable and evidence-based approaches throughout the PRC core research project.

- Engage the community in all aspects and phases of the PRC core research project. The community should participate in the identification of the public health need, selection of the EBI, design and conduct of the study, implementation and dissemination activities, translation activities, and long-term sustainability of the intervention.

2. Develop and sustain partnerships with national, regional, state, and/or local organizations to carry out the PRC core research project, including at least one partnership with a state, local, tribal or territorial health department.

a. Collaborate with partners that can support core research project activities, achieving expected dissemination and/or implementation outcomes, and to support sustained adoption and implementation of the evidence-based intervention of focus. These partners may be members of the PRC Center CAB if appropriate.

- Establish partnerships by generating a memorandum of understanding or agreement (MOU/MOA).
- Engage key partners in all aspects and phases of the research including identification of the public health need and selection of the intervention, design and conduct of the study, implementation and dissemination activities, and long-term sustainability of the intervention. These include but are not limited to partners that can support implementation, partners that can translate research findings for sustainability and scale-up beyond the research community, and partners that can deliver interventions.
- Plan and design PRC core research projects for sustainability by practitioners that can support direct implementation of interventions or support scaled-up implementation of EBIs from the start. This ensures a successful hand-off of the intervention to practitioners so that the research community can continue to benefit from the intervention at the completion of the PRC core research project.

b. Recruit and train partners that can implement EBIs.

- Include plans to identify, recruit, and train partner organizations that participate in the PRC core research project and other organizations who can adopt and implement the EBI.

3. Conduct and complete one (1) D&I PRC core research project from the list of Chronic Disease Prevention priorities included in Appendix 1. Appendix 1 includes a list of NCCDPHP priority topics, populations of interest, implementation science gaps to be addressed, and EBIs for the PRC core research project.

a. Applicants should select one (1) chronic disease prevention priority categories from the list of 17 categories in Appendix 1.

b. Applicants should select at least one priority population of interest included in Appendix 1, based on disproportionate incidence, prevalence, or severity of the chronic disease or

health promotion priority topic with a focus on those experiencing health disparities and health inequities for the priority selected.

c. Applicants should select at least one implementation science gap from Appendix 1 for the topic selected that will be addressed by the PRC core research project.

d. Applicants are required to utilize an EBI that has been shown to be effective at addressing the factors associated with the chronic disease prevention and health promotion priority in populations experiencing high levels of health disparities or health inequities. PRCs should conduct or utilize a root cause analysis to describe the role the EBI plays in addressing drivers of health disparities to promote health equity.

- PRCs are strongly encouraged to propose projects utilizing EBIs included in Appendix 1.
- PRCs are required to provide evidence of effectiveness for EBIs proposed that are not listed in Appendix 1.

e. Implement a core research project timeline that includes all PRC core research project component activities to be achieved during the 5-year period of performance of this NOFO.

- The timeline should include but is not limited to 1) recruitment, implementation, data collection and analysis, 2) dissemination of core research projects approaches, methods, tools, products, lessons learned, and findings to community, public health practitioners, and academic audiences, and 3) translation of core research project to facilitate adoption and implementation of EBIs into public health practice including development and testing of implementation strategies and/or support tools and "handing off" the PRC core research project to a partner that can adopt the EBI research findings for sustainability within the research community.
- The timeline should be updated regularly to note any modifications to the plan.

f. Complete the PRC core research project and associated translation activities

- All recruitment, implementation, data collection, and analysis must be completed by the end of year 4.
- All dissemination and translation must be completed within the 5-year period of performance of this NOFO.

4. Disseminate the PRC core research project's approaches, methods, tools, products, lessons learned, and findings to community, public health practitioners, and academic audiences

a. Develop dissemination products for the open access/public domain to share scientific findings or research results with relevant community, practice, and academic audiences.

- Dissemination products could include books and book chapters, peer-reviewed journal articles and peer-reviewed presentations and evaluated research tools and public health practice tools.

- Use dissemination products to inform the translation process and translation product development to enable EBIs to be put into public health practice for community-wide benefit and population health.
- PRC authors must adhere/comply with CDC's Public Access to CDC Funded Publications policy ensuring that all peer-reviewed publications, funded in part or whole by CDC regardless of the funding mechanism used (e.g., grant, cooperative agreement, contract), be preserved in a stable archive and made freely available (via PMC and CDC Stacks) to the public, health care and public health providers, educators, and scientists within 12 months of publication.
- In addition, any products, tools, and/or resources created under this NOFO must be available and accessible at no additional expense to the public.

b. Specify dissemination audiences and channels and the strategies used to reach them.

c. Publish PRC core research project findings and products in open access databases of effective interventions, and systematic and policy reviews such as but not limited to the following:

- PRC Pathway to Practice (P2P) database of applied public health EBIs, https://nccd.cdc.gov/PRCResearchProjects/Search/Search.aspx

c. Conduct targeted distribution of dissemination and translation products that result from effective research outcomes using open access means to community, practice, and academic audiences.

d. Publish and present PRC core research project findings through open access peer-reviewed channels (e.g., peer reviewed journals, presentations).

e. Post peer-reviewed publications and other dissemination products and translation products on the PRCs website and provide to CDC for distribution through CDC channels.

f. Develop and implement a dissemination and translation plan that describes the process and steps needed or taken to ensure effective and widespread distribution of core research project findings and maximize impact of the research findings.

5. Translate the PRC core research project to facilitate adoption and implementation of EBIs into public health practice.

a. Develop translation products in collaboration with partners for the open access/public domain that are designed with the primary purpose of enabling public health practitioners to adopt, implement, or scale-up EBIs.

- Determine what translation products (e.g., tool kits, action guides, recommendations, FAQs, guidance documents, leader's manual, sample policies) are needed to implement and sustain the EBI.
- Identify appropriate audiences who could use the EBI and are willing to participate/adopt it
- Create broad support or buy-in to translate the EBI into practice
- Translation products could include any tool, resource, material, or other outputs, including research and practice and implementation support tools.

- PRC authors must adhere/comply with CDC's Public Access to CDC Funded Publications policy ensuring that all peer-reviewed publications, funded in part or whole by CDC regardless of the funding mechanism used (e.g., grant, cooperative agreement, contract), be preserved in a stable archive and made freely available (via PMC and CDC Stacks) to the public, health care and public health providers, educators, and scientists within 12 months of publication.
- In addition, any products, tools, and/or resources created under this NOFO must be available and accessible at no additional expense to the public.

b. Explore economic evaluations (e.g., return on investment, cost benefit, cost-effectiveness) to create a business case for the EBI to create broad support and buy-in for replication and sustained implementation.

c. Develop plans for sustainability of the EBI by the community or partner that translates using flexible designs to enable local adaptation. Sustainability activities can include marketing the EBI, training an implementer, providing technical assistance, and assisting an implementer with developing a plan to secure financial resources (e.g., funds, staff, space, materials, etc.) needed for sustained implementation.

- Identify what resources are needed for replication and sustained implementation of the EBI.

d. Develop and implement a dissemination and translation plan (noted above) that describes the process and steps needed or taken to ensure effective and widespread distribution of core research project findings and maximize impact of the research findings.

e. Complete adoption of the core research project EBI and use of translation products by PRC partner(s) that implements the EBI(s) by the end of the 5-year period of performance of the award.

III. PRC Network Component

Applicants should allocate 10% of the funding (direct and indirect costs) to support PRC Network component activities. This allocation may include PRC network point of contact, publication fees, and other related PRC Network collaboration costs.

PRCs will be expected to actively participate in the PRC Network in collaboration with other PRCs and CDC. The funded network of PRCs will implement a collective impact approach to leverage the expertise, partnerships, and leadership of funded PRCs in the Network. PRC Network members will organize and operate as a network that seeks to advance health-equity-focused public health prevention research, practice, and policy.

For the purposes of this NOFO, five conditions will contribute to achieving collective impact. The first is the selection or appointment of a strong network backbone (support system). For the PRC Network, the backbone will be made up of CDC PRC Program staff and funded PRC representatives nominated from within the network. The network backbone will support two main activity areas: 1) logistical/tactical activities to catalyze, coordinate, facilitate, and weave the network (for definitions of terms, see Impact Networks), and 2) strategic and organizing activities to nurture an equity culture, identify strategies for policy, research and evaluation activities, member recognition, and external communications and partnership building. The backbone will support the remaining four conditions of collective impact which

are: developing 1) a common agenda, 2) a mutually reinforcing plan of action to bring the agenda to fruition leadership 3) shared measurement of progress, and 4) continuous communication within the network.

Major activities for PRC Network Component are:

1.Participate in PRC Network activities including but not limited to, work-groups/committees, meetings, and conferences to share information, resources, and inform network-wide decisions.

a. Actively collaborate with network members to make decisions about the network's common agenda, shared measurement, and mutually reinforcing activities.

b. Participate in meetings, committees, and work groups to share resources, information, and connections.

c. Share expertise with fellow PRCs to strengthen projects and activities (as appropriate).

2. Collaborate with PRCs in the network to advance core research projects and other PRC prevention research projects (as appropriate).

a. Utilize the network to increase dissemination of center component activities, core research project findings and products, and translation of promising PRC practices and research findings

b. Collaborate on other research, center projects, and providing technical assistance to network members to create products, tools, presentations, and publications

c. Collaborate with external partners (e.g., Clinical and Translational Science Award programs) to advance community engaged research and public health prevention D&I science.

Objectives/Outcomes

Recipients are expected to contribute to the NOFO outcomes by the conclusion of the 5-year funding period (9/29/2029) for the three NOFO components: 1) conduct a prevention research D&I project (i.e., PRC core research project component), 2) build the infrastructure and capacity of the PRC to conduct the PRC core research project and serve as a resource to the community (i.e., PRC Center component), and 3) participate in activities to advance PRCs as the PRC Network (i.e., PRC Network component). Short- and intermediate-term outcomes for these three component activities are listed below. PRCs are expected to achieve short- and intermediate-term outcomes within the 5-year funding period.

PRC Center Component

Short-term Outcomes

- CAB and partners are engaged across PRC Center Activities
- Increased CAB and partner knowledge about prevention research and translation
- Increased awareness of PRC and its expertise among intended audiences (e.g., community, practice, academic)

Intermediate-term Outcomes

- Increased PRC capacity to conduct prevention research and translation
- Increased CAB and partner capacity to contribute to prevention research including supporting adoption and implementation of EBIs
- Increased researcher and future research capacity to conduct D&I research

PRC Core Research Project Component

Short-term Outcomes:

- Community and partners are engaged across the PRC CRP
- Facilitators and barriers to effectiveness of EBI dissemination and implementation in systems of public health practice are identified
- Effective EBI implementation strategies that address facilitators and barriers to effectiveness in systems of public health practice are identified
- Effective dissemination strategies for increasing adoption and implementation of EBIs are identified PRC CRP findings, EBIs, and translation products are disseminated to intended audiences
- Evidence bases for prevention research and practice are built or enhanced
- Translation gaps between research and public health practice are addressed by translation products

Intermediate-term Outcomes:

- Increased partner capacity to implement EBIs
- Adoption of PRC and partner translation products by intended users for implementation of EBIs
- Sustainable adoption and implementation of EBIs in the community of focus

PRC Network Component

Short-term Outcomes

- Strengthened individual PRC's core research project and center projects
- Improved facilitation and coordination of communications and engagement across the network (CDC, PRCs, partners) creating a sense of community

Intermediate-term Outcomes

- Collective impact in health-equity focused public health prevention research, policy, and/or practice

Target Population

Applicants should clearly identify the population and communities they will address in the Research Plan, describe the health disparities and health inequities they experience, and how the proposed PRC can benefit the identified target population and communities.

Collaboration/Partnerships

PRCs will be expected to actively participate in the PRC Network in collaboration with other PRCs and CDC. It is anticipated that the PRC Network and each PRC supported by this NOFO will collaborate internally and with external partners (organizations, individuals, community members, governmental, non-governmental and private sector partners) on projects for the purpose of developing, enhancing, or improving public health practice, programs, and activities. Members of populations or communities experiencing health disparities should be involved in every stage of the research process, while multi-sectoral partnerships should include partners capable of addressing identified drivers and root causes of health disparities. It is also expected that collaboration among PRCs and external partners on projects will result in decision-making, resource sharing, and the creation of products. Equitable and participatory evidence-based community engagement is fundamental to both the success and relevance of the research and activities supported by this NOFO.

Evaluation/Performance Measurement

PRCs are required to report data and information to CDC to support program monitoring and evaluation activities. The purpose of CDC's program monitoring and evaluation activities is for accountability and program improvement. CDC's program monitoring is focused on recipient inputs, activities, and outputs; CDC's program evaluation is focused on understanding and demonstrating program processes and outcomes. CDC will require recipients to report data and information through collection systems and specified reported templates (CDC will provide templates post-award). CDC will lead monitoring and evaluation activities including the development of collection systems and specified reporting templates to answer the CDC evaluation questions (see CDC Evaluation Questions below).

Collection systems may include the PRC Program Evaluation Reporting system (PERS), CDC Award Management Platform (AMP), or other CDC-led program evaluation data collection activities/systems (e.g., success stories, newsletters, issue briefs, and PRC profiles, and the Pathway to Practice resource center), and reporting information on progress and performance in annual progress reports, monthly calls, and site visits. Participation specified collection systems and templates will be required and failure to use designated systems may result in recipient data being excluded from CDC reports to stakeholders, including CDC leadership, the public, and Congress.

PRCs are also required to develop individual evaluation plans and approaches for evaluating and reporting on PRC specific activities and outcomes as specified in the Recipient Evaluation Plan guidance below (see Recipient Evaluation Plan below).

Recipients will be required to report on milestones for all three components: PRC Center, PRC Core Research Project, and the PRC Network.

CDC Evaluation Questions

CDC aims to answer the following high-level evaluation questions regarding PRC activities as part of CDC's program monitoring and evaluation activities.

1. To what extent do PRCs engage communities in prevention research that supports evidence-based public health practice?

2. To what extent do PRCs, CABs, and other partners and community members expand their capacity to develop sustainable interventions, and to access, utilize, and implement the research, tools, and programs to affect priority health disparities?
3. To what extent do PRC research findings contribute to the evidence base for prevention research and public health practice?
4. To what extent do PRCs develop knowledge into products (e.g., translation tools that support implementation and use of science) that will assist and support audiences or users in putting science into practice?
5. To what extent do PRCs disseminate research findings, evidence-based interventions, and translation products to community, practice, and academic audiences?
6. To what extent do PRC activities lead to adoption and implementation of evidence-based interventions?
7. To what extent does PRC Network collaboration achieve collective impact in health-equity focused public health prevention research, policy, and practice?

The PRC Program will collect information on key program monitoring and evaluation indicators during the project period including but not limited to:

1. Characteristics of core research project and center component activities (e.g., populations, settings, and social determinants of health addressed).
2. Facilitators and barriers to effectiveness in dissemination and implementation research.
3. Characteristics, roles, and levels of engagement for CABs Boards and other partners in research and practice activities.
4. Partner and community member knowledge of prevention research and translation and capacity to participate in and implement public health interventions.
5. Description of technical assistance and subject matter expertise provided to health departments and other multisector partners.
6. Number and characteristics of people mentored and trained by the PRC.
7. Description of center communication strategies, including channels used and products produced to promote the center.
8. Dissemination strategies and reach among intended audiences.
9. Translation gaps addressed and adoption and use of translation products.
10. Facilitators of adoption and scale-up of EBIs.
11. Number and characteristics of research and practice tools, journal articles, presentations, and books/book chapters produced.
12. Amount, type, and impact of collaboration among PRC Network members.

Recipient Evaluation Plan

Recipients will be expected to:

1. Describe an intended evaluation approach that engages the CAB in utilization-focused process and outcome evaluation planning and implementation throughout the five-year cycle.
2. Develop an evaluation plan within the first year of funding and provide status updates on the development and implementation of the plan each year.

- Recipient evaluation plans must be based on the CDC Framework for Evaluation in Public Health (https://www.cdc.gov/evaluation/framework/index.htm), identify a model of community engagement, and focus on engaging stakeholders and using results to improve PRC activities (i.e., plan for acting upon evaluation findings).
- At a minimum, PRCs must assess the community engagement approach for the core research project, including both process and outcome evaluation components. PRCs may include additional PRC activities in their plan as well.
- CDC will provide an evaluation plan template post-award as a guide to facilitate evaluation planning and implementation with stakeholders.
- Evaluation plans must be for internal PRC activities (i.e., excludes plans to conduct evaluation for partners and excludes evaluation activities associated with the core research project).
- Evaluation plans must be aligned with the annual action plan objectives and outcomes.

3. Timelines and Reporting:

- Evaluation progress, including actions taken to address findings, will be monitored by the annual Action Plan and annual progress reporting. Evaluation plan and report templates provided by CDC post-award will reflect these requirements, facilitate evaluation planning, and include plans to use findings for program improvement.
- Reporting on the evaluation findings will be submitted as part of the closeout final report. The evaluation report will include steps taken to address the process evaluation findings, how stakeholder input was integrated into the evaluation planning, implementation, and reporting, and reflect next steps for the CAB partnership.

Implementation Timeline: Summary of activities of all components for the 5-year project period. Recipients will be required to report on milestones, including but not limited to the activities listed for the center, core research project, and PRC Network activities in the table 1.

Table 1: Implementation Timeline	**Project Year**				
Component/Activity	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
PRC Center Component					
1. Establish and maintain a PRC infrastructure to conduct prevention research including but not limited to the PRC core research project					
• Obtain and use institutional support					
• Maintain a CAB					
• Maintain an administrative team					
• Develop and sustain partnerships					

2. Engage the CAB and other partners to inform all prevention research projects									
3. Build capacity to conduct prevention research									
• Assess capacity needs									
• Develop trainings and technical assistance									
• Conduct trainings and technical assistance									
4. Communicate information about PRC activities to intended audiences									
• Develop a center website									
• Maintain a center website									
• Establish communication channels									
• Establish regular lines of communication									
• Develop a dedicated center communication plan									
• Implement center communication plan									
Component/Activity	**Year 1**		**Year 2**	**Year 3**	**Year 4**	**Year 5**			
PRC Core Research Component									
1. Engage community members throughout the PRC core research project									
2. Develop and sustain partnerships with national, regional, state, and/or local organizations to carry out the PRC core research project, including at least one partnership with a state, local, tribal or territorial health department									
3. Conduct and complete one D&I PRC core research project that aligns with one of the Chronic Disease Prevention priorities included in Appendix 1									
• Utilize and implement an EBI for the PRC core research project									
• Implement a PRC core research project timeline									
• Complete PRC core research project									

4. Disseminate the PRC core research project's approaches, methods, tools, products, lessons learned, and findings to community, public health practitioners, and academic audiences									
• Develop dissemination and translation plan									
• Publish and share products in open-access/public domain									
• Post peer-reviewed publications and products on PRC website, and provide to CDC for distribution									
5. Translate PRC core research project to facilitate adoption and implementation of EBIs into public health practice									
• Implement a dissemination and translation plan									
Component/Activity	**Year 1**		**Year 2**		**Year 3**		**Year 4**		**Year 5**
PRC Network Component									
1. Participate in PRC Network activities including but not limited to, workgroups/committees, meetings, and conferences to share information, resources, and inform network-wide decisions									
• Initiate network governance and a PRC network action plan									
• Collaboration and implementation of PRC network action plan									
• Celebrate and recognize PRCs contributions									
• Assess progress and share lessons learned									
2. Collaborate with PRCs in the network to advance PRC core research projects and other PRC prevention research projects (as appropriate)									

Translation Plan

Dissemination and Translation Plan

Applicants will be expected to complete a dissemination and translation plan that describes the process and steps needed or taken to ensure effective and widespread distribution of core research project findings and maximize impact of the research findings. The dissemination and translation plan will be completed in the first year of the award. CDC will provide dissemination and translation guidance post award.

- Dissemination section – Describes how the results will be shared with public health, clinical, community, and academic audiences.

- Translation section – Describes how the results from the research will be adopted by other institutions or implemented and sustained by partners that translate after project completion. Additionally, address how technical assistance products can be provided to potential adopters and implementers.

3. Funding Strategy

N/A

Section II. Award Information

Funding Instrument Type:
CA (Cooperative Agreement)
A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

Application Types Allowed:
New - An application that is submitted for funding for the first time. Includes multiple submission attempts within the same round.

Estimated Total Funding:
$100,000,000
The estimated total funding (including direct and indirect costs) for all awards for the first 12-month budget period, 9/30/2024 - 9/29/2025, is $20,000,000. The project period for this 5-year cooperative agreement is 9/30/2024 to 9/29/2029.

Anticipated Number of Awards:
20
The estimated total funding (including direct and indirect costs) for the 5-year period of performance is $100,000,000. CDC anticipates funding up to 20 awards under this NOFO with each award funded up to $1,000,000 (includes direct and indirect costs) per year for each year of performance.

Awards issued under this NOFO are contingent on the availability of funds and submission of a sufficient number of meritorious applications.

Award Ceiling:
$1,000,000
Per Budget Period

Award Floor:
$500,000
Per Budget Period

Total Period of Performance Length:
5 year(s)

Throughout the Period of Performance, CDC's commitment to continuation of awards will depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC's determination that continued funding is in the best interest of the Federal government.

HHS/CDC grants policies as described in the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf) will apply to the applications submitted and awards made in response to this NOFO.
If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Section III. Eligibility Information

1. Eligible Applicants

Eligibility Category:
25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

Additional Eligibility Category:

The following types of Higher Education Institutions are always encouraged to apply for CDC support as Public or Private Institutions of Higher Education:

Hispanic-serving Institutions

Historically Black Colleges and Universities (HBCUs)

Tribally Controlled Colleges and Universities (TCCUs)

Alaska Native and Native Hawaiian Serving Institutions

2. Foreign Organizations

Foreign Organizations **are not** eligible to apply.

Foreign components of U.S. Organizations are not eligible to apply.

For this announcement, applicants may not include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

3. Additional Information on Eligibility

Under Section 1706 of the Public Health Service Act (42 USC 300u-5) Congress mandated that applicants be limited to "academic health centers" defined as accredited public or nonprofit private school, to include school of medicine, school of osteopathy, and/or school of public health. Further information on applicant eligibility is as follows::

1. Schools of Public Health, accredited by the Council on Education in Public Health (CEPH), or Schools of Public Health in the process of obtaining accreditation from CEPH. Programs of Public Health are NOT eligible to apply for funding under this NOFO.

- Schools of Public Health in the process of obtaining CEPH accreditation must include a copy of the official notification from CEPH that states their Initial Application Submission (IAS) has been accepted in their application in the appendices.

2. Accredited schools of medicine (or osteopathy) that offer an accredited preventive medicine residency program or accredited schools of medicine (or osteopathy) that are in the process of obtaining accreditation for a preventive medicine residency program. Accreditation must be from the Accreditation Council for Graduate Medical Education (ACGME).

- Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application in the appendices.

4. Justification for Less than Maximum Competition

In accordance with Section 1706 of the Public Health Services Act, as amended, 42 U.S.C. 300u-5, academic health centers, as defined in 42 U.S.C 300u-5(d) and Section 799B, as amended 42 U.S.C. 295p, are eligible to apply for funding under this NOFO.

5. Responsiveness

An application is responsive if it meets the following requirements:

- Complies with requirements stated in Section III. Eligibility Requirements
- The specific aims section of the research plan lists the PRC Core Research Project's chronic disease priority category (1-17) from Appendix 1. Etiological or efficacy research will not be supported and will be deemed non responsive.
- The proposed budget does not exceed the ceiling amount $1,000,000 (direct and indirect costs) for the first 12 month budget period.

Applications that are incomplete or do not meet the responsiveness criteria outlined in this section will be considered non-responsive to this NOFO and will not enter the review process. Applicants will be notified if their application is deemed non-responsive.

6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Unique Entity Identifier (UEI) number in order to begin each of the following registrations.

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission. The UEI replaced the Data Universal Numbering System (DUNS) and is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov-Finding the UEI.

- (Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: NCAGE Tool / Products / NCS Help Center (nato.int).
- System for Award Management (SAM) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, SAM.gov.
- Grants.gov
- eRA Commons

All applicant organizations must register with Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The one-time registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.

All Senior/Key Personnel (including Program Directors/Principal Investigators (PD/PIs) must also work with their institutional officials to register with the eRA Commons or ensure their existing Principal Investigator (PD/PI) eRA Commons account is affiliated with the eRA commons account of the applicant organization. All registrations must be successfully completed and active before the application due date. Applicant organizations are strongly encouraged to start the eRA Commons registration process at least four (4) weeks prior to the application due date. ASSIST requires that applicant users have an active eRA Commons account in order to prepare an application. It also requires that the applicant organization's Signing Official have an active eRA Commons Signing Official account in order to initiate the submission process. During the submission process, ASSIST will prompt the Signing Official to enter their Grants.gov Authorized Organizational Representative (AOR) credentials in order to complete the submission, therefore the applicant organization must ensure that their Grants.gov AOR credentials are active.

7. Universal Identifier Requirements and System for Award Management (SAM)

All applicant organizations **must obtain** a Unique Entity Identifier (UEI) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The UEI number is a twelve-digit number assigned by SAM.gov. An AOR should be consulted to determine the appropriate number. If the organization does not have a UEI number, an AOR should register through SAM.gov. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a UEI number.

Additionally, organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later.

SAM.gov is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at SAM.gov and the

SAM.gov Knowledge Base.

If an award is granted, the recipient organization **must** notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its UEI number to the recipient organization.

8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her organization to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for HHS/CDC support.

9. Cost Sharing

This NOFO does not require cost sharing as defined in the HHS Grants Policy Statement (http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

10. Number of Applications

As defined in the HHS Grants Policy Statement, (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf), applications received in response to the same Notice of Funding Opportunity generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Only one application per academic institution (identified by having a unique UEI number) may be submitted in response to this NOFO. Multiple applications from different divisions, faculties, centers, schools, etc. of the same university, school of public health, medicine, or osteopathy will be returned without further consideration by CDC.

Section IV. Application and Submission Information

1. Address to Request Application Package

Applicants will use a system or platform to submit their applications through Grants.gov and eRA Commons to CDC. ASSIST, an institutional system to system (S2S) solution, or Grants.gov Workspace are options. ASSIST is a commonly used platform because, unlike other platforms, it provides a validation of all requirements prior to submission and prevents errors.

To use ASSIST, applicants must visit https://public.era.nih.gov where you can login using your eRA Commons credentials, and enter the Notice of Funding Opportunity Number to initiate the application, and begin the application preparation process.

If you experience problems accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist. Additional support is available from the NIH eRA Service desk via: http://grants.nih.gov/support/index.html

- Email: commons@od.nih.gov
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552.
  Hours: Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding Federal holidays.

2. Content and Form of Application Submission

Applicants must use FORMS-G application packages for due dates on or before January 24, 2023 and must use FORMS-H application packages for due dates on or after January 25, 2023.

Application guides for FORMS-G and FORMS-H application packages are posted to the How to Apply - Application Guide page.

It is critical that applicants follow the instructions in the SF-424 (R&R) Application Guide How to Apply - Application Guide except where instructed in this Notice of Funding Opportunity to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review. The package associated with this NOFO includes all applicable mandatory and optional forms. Please note that some forms marked optional in the application package are required for submission of applications for this NOFO. Follow the instructions in the SF-424 Application Guide to ensure you complete all appropriate "optional" components.

When using ASSIST, all mandatory forms will appear as separate tabs at the top of the Application Information screen; applicants may add optional forms available for the NOFO by selecting the Add Optional Form button in the left navigation panel.

Please use the form and instructions for SF 424 (R&R) FORMS-H for applications due on or after January 25, 2023.

3. Letter of Intent

Due Date for Letter Of Intent 05/23/2023

05/23/2023
Although a letter of intent (LOI) is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC staff to estimate the potential review workload and plan the peer review.

By the date listed above and in Part 1. Overview Information, prospective applicants are asked to submit an LOI electronically that includes the following information:

1. Name of Institution Submitting Application
2. Descriptive title of proposed prevention research center
3. Core Research Project chronic disease priority category (1-16) from Appendix 1
4. Name of PI (co-PI and other key personnel can be listed too)

5. Participating institutions, if applicable
6. Number and title of this notice of funding opportunity: RFA-DP-24-004, Health Promotion and Disease Prevention Research Centers

The LOI should be emailed with NOFO RFA-DP24-004 in the subject line to:

Natalie Darling, MPH
Scientific Program Official
Extramural Research Program Operations and Services (ERPOS)
Centers for Disease Control and Prevention
Email: researchnofo@cdc.gov

4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this NOFO in Grants.gov includes all applicable components for this NOFO, required and optional. In ASSIST, all required and optional forms will appear as separate tabs at the top of the Application Information screen.

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of components. Not all components of the Research Plan apply to all Notices of Funding Opportunities (NOFOs). Specifically, some of the following components are for Resubmissions or Revisions only. See the SF 424 (R&R) Application Guide at How to Apply - Application Guide for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description).

Follow the page limits stated in the SF 424 unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

1. **Introduction to Application** (for Resubmission and Revision ONLY) - provide a clear description about the purpose of the proposed research and how it addresses the specific requirements of the NOFO.
2. **Specific Aims** – state the problem the proposed research addresses and how it will result in public health impact and improvements in population health.
3. **Research Strategy** – the research strategy should be organized under 3 headings: Significance, Innovation and Approach. Describe the proposed research plan, including staffing and time line.
4. **Progress Report Publication List** (for Continuation ONLY)

Other Research Plan Sections

5. **Vertebrate Animals**

6. **Select Agent Research**
7. **Multiple PD/PI Leadership Plan.**
8. **Consortium/Contractual Arrangements**
9. **Letters of Support**
10. **Resource Sharing Plan(s)**
11. **Authentication of Key Biological and/or Chemical Resources**
12. **Appendix**

All instructions in the SF424 (R&R) Application Guide at How to Apply - Application Guide must be followed along with any additional instructions provided in the NOFO.

Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Resource Sharing Plan section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.

The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should include:

- A description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to and sharing of the data (include a description of provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights - this section should address access to identifiable and de-identified data);
- Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified (this section should address archiving and preservation of identifiable and deidentified data).

CDC OMB approved templates may be used (e.g. NCCDPHP template https://www.cdc.gov/chronicdisease/pdf/nofo/DMP-Template-508.docx)

Other examples of DMPs may be found here: USGS, http://www.usgs.gov//products/data-and-tools/data-management/data-management-plans

Applicants must use FORMS-G application packages for due dates on or before January 24, 2023 and must use FORMS-H application packages for due dates on or after January 25, 2023.

Application guides for FORMS-G and FORMS-H application packages are posted to the How to Apply - Application Guide page.

Specific Aims section of the research plan should describe the aims of all three components. The PRC Core Research Project requirements from Appendix 1 should be clearly listed, including (1) the chronic disease prevention priority category selected, (2) the population(s) of interest, and (3) the evidence gaps that will be addressed.

Research Strategy

The applicant's research strategy should address activities that will be conducted over the entire project period. The Research strategy narrative is composed of all components described above in the approach. NOTE: that the Research Strategy is divided into three parts: 1) significance, 2) innovation, and 3) approach.

The applicants' research strategy must address all three components (PRC Center, PRC core research project, and PRC Network) activities that will be conducted during the five-year project period and must include the following items:

I. PRC Center Component

The PRC center component of the application is limited to the first 10 pages of the research strategy. Applicants are expected to describe experience conducting and how they will carry out the activities listed in Part 2, Section 1, No.2 in the Approach, and provide evidence of experience. Additional guidance of what to include in the application that expands on Part 2, Section 1, No.2 is included below.

1. **Describe how the PRC will establish and maintain a PRC infrastructure to conduct applied prevention and health promotion public health research (hereafter referred to as prevention research) including but not limited to the PRC core research project.**

   a. Obtain and use institutional support to sustain the scientific and financial administration of the PRC.

   b. Maintain an administrative team (faculty and staff) to conduct center activities and ensure completion of the PRC Core research project.

   - A description of the location of the PRC within the institution's infrastructure including reporting lines, and other participating schools and departments within the institution.
   - An organizational chart (which can be included as an appendix) and description of the center's staffing plan for faculty and staff, their roles, and planned percent of effort. The organizational chart should reflect an appropriate leadership model and delegation of work activities to ensure accountability of all faculty and staff and the integration of activities into a coherent prevention research center.
   - A description of the qualifications of the PD/PI (PRC Director) and the planned percentage of time they will devote to administering the PRC.
     - The PD/PI should be an established researcher with the leadership and institutional authority to direct the activities of the PRC. The

qualifications of the PD/PI should be documented and include previous experience conducting community-based applied prevention research, have published findings in peer-reviewed journals, and have the specific authority and responsibility to carry out the proposed center and core research project. As demonstrated by a biographical sketch that includes experience relevant to the center's chosen health focus and proposed activities identified in the center and core research project component activities.

- A multidisciplinary faculty with expertise to accomplish the PRC's mission and facilitate implementation of its research and translation agenda and planned activities. Faculty should have the capacity and experience to administer a high-quality PRC and conduct rigorous prevention research in community settings. As demonstrated by a biographical sketch that includes experience relevant to the center's chosen health focus and proposed activities.

- A description of staff dedicated to center communications, dissemination and translation, and evaluation, and their qualifications as demonstrated by a Biographical Sketch with shows capacity and/or experience relevant to the Center's Research and Translation Agenda and proposed activities.
    - Communication staff should possess the appropriate knowledge, skills, and experience including:
        - Ability to develop, create and evaluate messages, content, and materials that are shared through a variety of channels (e.g., social media, web) to effectively promote their center and support dissemination and translation activities.
        - Ability to easily translate complex sets of information into products that are understandable and easy to apply. This includes the ability to learn quickly and thoroughly, to know what is essential to the goal, and to analyze and integrate data.
    - Dissemination and translation staff should possess the appropriate knowledge, skills, and experience including:
        - Ability to develop and implement the dissemination and translation plan; engage and manage relationships with partners for translation; be involved in the research side to understand barriers and facilitators to implementation.
    - Evaluation staff should possess the appropriate knowledge, skills, and experience including:
        - Ability to develop and implement an evaluation plan including developing logic models, goals and objectives and developing appropriate methods and analysis to assess and report on annual progress.

- A description of the processes, structures, and systems (e.g., website, file systems, means and type of communications, software) necessary to plan and execute communications, dissemination, translation, and evaluation activities.

- A description of current communications, dissemination, translation and evaluation infrastructure and plans to fill staffing gaps.

c. Maintain a Community Advisory Board (CAB)

- A summary description of the leadership structure, by-laws, and standard operating procedures for the CAB.
- A description of the CAB's level of involvement based on the Community Engagement Continuum illustrated in Principles of Community Engagement, Second Edition (and upcoming 3rd edition). The level of involvement should reflect the CAB's proposed contribution to the center and the core research project activities.
- A description of the CAB including its capacity to advise the center on its dissemination and translation plan, center activities and core research project activities. Include the board's purpose, composition, role in the PRC center and PRC core research project planning and activities, and operating procedures and communication procedures between the CAB and PRC faculty and staff.
    - Description of representation by members from the community of interest and populations participation in the PRC core research project.
    - Documentation from partner organizations of their commitment and planned involvement in research activities which may include involvement in the design and conduct of the study, implementation and dissemination activities, translation activities, and long-term sustainability of the intervention. Partners must include a state, local, tribal or territorial health department.

- Applicants must submit a signed Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) or letters of support (LOS) with their application from existing or prospective community advisory board members to show contribution of the CAB. Signed MOU, MOA, or LOS should be included under the Letters of Support section of the research plan and will not count towards the page limit of the application. The MOU or MOA should clearly specify the activities to be conducted by the CAB member, roles and responsibilities of the PRC, the roles and responsibilities of the CAB, and the expected goals of the collaboration between the PRC and CAB member.
    - Documentation from CAB members and other community members of their commitment and planned involvement in research activities including involvement in the design and conduct of the study, implementation and dissemination activities, translation activities, and long-term sustainability of the intervention.

d. List the partners that will be involved at the national, regional, state, and local public health and multi-sector organizations for PRC center activities that will implement the evidence-based intervention and support scaled-up implementation of EBIs

2. Describe how the PRC will engage the community and partners through a Community Advisory Board (CAB) to inform all prevention research projects

a. How will the PRC collaborate with the CAB to engage community members throughout the core research project, and other funded prevention research projects?

- Describe how CAB members and other community members will be involved in research activities including involvement in the design and conduct of the study, implementation and dissemination activities, translation activities, and long-term sustainability of the intervention.
- Describe how the applicant has built trust within the community of interest for the core research project

b. How will the PRC collaborate with the CAB to engage other partners (health departments, community-based organizations, and other stakeholders, etc.) that are not on the CAB to conduct other prevention research projects?

- Applicants must submit an MOU/MOA/LOS from at least one partner for translation activities that has capacity to address drivers of health disparities. Signed MOU, MOA, or LOS should be included under the Letters of Support section of the research plan and will not count towards the page limit of the application.
- PRCs should include key partners (e.g., community organizations, multi-sectorial partners, non-profit organizations, health departments, and other agencies) at lease one being a tribal, territorial, state, or local health departments that will provide technical assistance and subject matter expertise to during the 5-year cycle to develop, enhance, or improve public health practice, programs, or activities with.
- Describe past successful collaborations with partners that resulted in a tangible outcome (e.g., product, additional projects, etc.).

3. Describe how the PRC will build capacity to conduct prevention research

a. Describe plans to assess capacity needs using formal and/or informal methods during the first year of the award.

- Applicant should describe how they plan to conduct a formal and/or informal assessment to identify and address gaps in prevention research knowledge amongst identified communities of interest, CAB, PRC faculty and staff, and partners (stakeholders, health departments, community-based organizations, etc.).

b. Describe how the PRC will develop and implement training and technical assistance to build capacity for CAB, PRC Faculty and staff, and other partners throughout the 5-year project period.

- Provide evidence of ability to serve as an educational and training resource, including information regarding previous training, technical assistance, and mentoring of faculty and staff; public health practitioners (particularly those at the local and state level); community members; and partners.
- Describe how the capacity assessment findings will be used to guide the development of trainings, technical assistance, tools and resources for capacity building, and other resources that will address capacity gaps.

- Describe the types of trainings, technical assistance, tools and resources for capacity building, and other resources that will be developed in the 5-year cycle to address capacity gaps.
    - Describe how the PRC plans to train the appropriate partners to be able to carry out the center and core research project activities such as data collection, data entry, data analysis, etc.

c. Describe how the PRC will build and maintain expertise of PRC faculty and staff in prevention research, effective population health approaches, and public health practice.

- Describe the types of trainings, technical assistance, tools and resources for capacity building, and other resources that will be provided to PRC faculty and staff to ensure gaps in knowledge are addressed.
- Describe how the PRC will build up the center's capacity and maintain the expertise needed to conduct center activities.
- Describe how the PRC plans to promote main areas of expertise to partners and practitioners.

d. Build and maintain the capacity of the CAB, and other partners to contribute to high quality prevention research.

- Describe the types of trainings, technical assistance, tools and resources for capacity building, and other resources that will be provided to CAB, and other partners to ensure gaps in knowledge are addressed.

e. Build the capacity of researchers and future researchers to conduct D&I research.

- Evidence of ability to serve as an educational mentor and to provide training experiences to students (undergraduate, graduate, post-doc, and medical students) and university faculty/staff members.
- Describe how the PRC will establish a pipeline of prevention researchers and train researchers in dissemination and implementation research.

4. **Communicate information about PRC activities to intended audiences**

a. A description of communications resources to support the communication of the PRC's activities.

b. A description of the processes, structures, and systems (e.g., website, file systems, means and type of communications, software) necessary to plan and execute communications, dissemination, and translation activities.

c. A description of current communications, dissemination, and translation infrastructure and plans to fill infrastructure gaps.

II. PRC Core Research Component

The PRC core research project component of the application is limited to the 12 pages of the research strategy. Applicants should describe experience conducting and how they will carry out the activities listed in Part 2, Section 1, No.2, Approach, and provide evidence of experience.

Applicants should document a community need for the evidence-based intervention and research as evidenced by a community needs assessment, state health plan, or other relevant justification. Additional guidance of what to include in the application that expands on Part 2, Section 1, No.2 is included below.

1. **Describe how the PRC will engage community members throughout the PRC core research project**

   a. A description of the evidence-based community engagement approach to be used to engage the community in the PRC core research project (e.g., CBPR).

   b. A description of how the CAB or other community members will be engaged to support the PRC core research project.

2. Describe how the PRC will develop and sustain partnerships with national, regional, state, and/or local organizations to carry out the core research project, including at least one partnership with a state, local, tribal or territorial health department

   a. Include MOU, MOA, or LOS from partner organizations that describe their commitment and planned involvement in research activities which may include involvement in the design and conduct of the study, implementation and dissemination activities, translation activities, and long-term sustainability of the intervention. Partners must include state, local, tribal or territorial health department.

   b. Applicants must submit an MOU/MOA/LOS from at least 1 state, local, tribal or territorial health department with their application. Signed MOU, MOA, or LOS should be included under the Letters of Support section of the research plan and will not count towards the page limit of the application.

   c. A description of plans to identify and recruit organizations in the community of focus that can implement EBIs.

   d. A description of plans to provide implementation support through training to organizations in the community of focus to implement the EBI selected for the PRC core research project.

3. Describe in detail how the PRC will conduct and complete one (1) D&I PRC core research project from the list of Chronic Disease Prevention Priority categories included in Appendix 1.

   a. Include a description of the chronic disease prevention priority category selected from Appendix 1, the health topic and health disparity or health inequity that the research will address and a description of how it aligns with chronic disease prevention and health promotion priorities.

   b. Include a description of evidence of disproportionate incidence, prevalence, or severity for the community or population(s) of focus for the chronic disease prevention or health promotion topic.

   c. Include a review of the existing literature on the health topic which identifies the gap and need for the research, describes the background and significance of the study, and

describes the contribution of the proposed project to applied health promotion and disease prevention research including how the findings yield generalizable knowledge.

d. Include a clear description of the community and priority population (e.g., population size, geographic boundaries, racial and ethnic makeup, socioeconomic status) the specific aims of the study, and the expected health outcomes and reduction in health disparities or health inequities.

e. Include a clear description of the selected evidence-based intervention, how it can reduce health disparities in the project, how it aligns with chronic disease prevention and health promotion priorities (Appendix 1). For interventions that are not listed in the chronic disease prevention and health promotion priority Appendix 1, provide evidence of effectiveness which may include references to published findings in peer reviewed journals.

f. Include a description of the dissemination and implementation research questions to be addressed and the implementation outcomes of focus in the study.

g. Include a timeline that includes but is not limited to 1) recruitment, implementation, data collection and analysis, 2) translation activities for the project including development and testing of implementation strategies and/or support tools and "handing off" the project to a partner that can translate research findings for sustainability and scale-up beyond the research community, 3) dissemination of research findings, and 4) sustaining the project in the research community within the five-year project period.

h. Include a description of any study participants and participating organizations including recruitment and retention strategies, power calculations if appropriate, and plans to train staff, university students, and CAB members or other partners to be able to conduct research activities including data collection, data entry, data analysis, and program implementation as appropriate.

i. Describe the PRC core research project PI's experience in conducting dissemination and implementation research like what is being proposed, experience with the community and priority population, and experience with the research methodology and health topic. Documentation may include studies, preliminary studies, and reports.

j. Include the results of a root cause assessment for the health disparity and its drivers being experienced by the priority population.

4. Describe how the PRC will disseminate the PRC core research project's approaches, methods, tools, products, lessons learned, and findings to community, public health practitioners, and academic audiences.

a. A description of dissemination activities that addresses the process, supports, and steps needed or taken to ensure effective and widespread distribution of core research project findings and the selected evidence-based intervention (i.e., putting research into practice) consisting of the following content:

- A description of resources and personnel to support the dissemination activities.

- A description of internal/external stakeholders/partners who will help disseminate, adopt, and scale-up EBIs developed under the PRC core research project or other center research projects
- A description of how research findings will be shared with public health, clinical, and academic audiences through peer-reviewed publications, professional conference presentations.
- A description of planned dissemination products for the open access/public domain to share research findings with relevant community, practice, and academic audiences.
- A description of specific dissemination product audiences and channels, with strategies on how to reach them (e.g., professional conferences, peer-reviewed journals, books, book chapters, and evidence-based intervention databases and national registries of effective programs, practices, and policies such as the P2P Resource Center).

5. Describe how the PRC will translate the PRC core research project to facilitate adoption and implementation of EBIs into public health practice. Include the following:

a. A description of translation activities addressing the process and steps needed or taken to ensure effective and widespread use of evidence-based programs, practices, and policies consisting of the following content:

b. A description of resources and personnel to support translation activities.

c. A description of planned translation products for the open access/public domain that support adoption, implementation, and sustained use of EBIs.

d. A description of specific translation product audiences and channels, with strategies on how to reach them.

e. A description of how the CAB and partners that translate and partners that implement EBIs will be included for potential adoption and implementation of EBIs specifying roles and responsibilities.

f. A description of how the results from the research could be adopted by other institutions or implemented and sustained after project completion including a description of any planned translation products or implementation supports. Additionally, address how technical assistance products can be provided to potential adopters and implementers.

g. A translation framework or frameworks that will be used to guide the PRC core research project translation activities.

h. A description of how internal/external partners will help disseminate, adopt, and scale-up EBIs developed under the core research project or other center research projects.

III. PRC Network Component

The PRC Network component is limited to 3 pages of the Research Strategy. Applicants are expected to describe experience conducting and how they will carry out the activities listed in Part 2, Section 1, No.2 in the Approach, and provide evidence of experience. Additional

guidance of what to include in the application that expands on Part 2, Section 1, No.2 is included below.

1. **Describe how the PRC will participate in PRC Network activities including but not limited to, work-groups/committees, meetings, and conferences to share information, resources, and inform network-wide decisions**

   a. Include the roles and activities the PRC plans to conduct as a member of the PRC Network (e.g., leadership role, active work-group participation, annual meeting planning).

2. Describe how the PRC will collaborate with PRCs in the network to advance PRC core research projects and other PRC projects (as appropriate)

   a. Describe how the PRC would utilize the PRC network to disseminate PRC center activities; PRC core research project findings and products, and translation of promising PRC practices and research findings.

Evaluation and Performance Measurement

The application should include:

- Describe an intended evaluation approach, including an anticipated community engagement model, that engages the CAB in utilization-focused process and outcome evaluation planning and implementation throughout the five-year cycle.
- Discuss how the PRC will use the process evaluation findings for program improvement.

Budget Preparation

Travel considerations for the budget year 1 (9/30/2024 – 9/29/2025) of the period of performance

- Please budget travel to the following recommended meetings:

Meeting	Dates	Location	Days	# Travelers
PRC Network Kickoff Meeting	TBD	Atlanta, GA	2-3	4-6
American Public Health Association Annual Meeting (APHA)	TBD	TBD	TBD	Optional
Annual Conference on the Science of Dissemination and Implementation in Health (D & I) Conference	TBD	TBD	TBD	Optional

In addition to the budget requirements outlined in the SF424 (R&R), provide a PRC Program summary budget table which identifies the separate costs for each NOFO component: the PRC center component, PRC core research project component and PRC Network component.

- Applicants should allocate 30% of the funding (direct and indirect costs) provided through this NOFO to support the center component activities.
- At least sixty percent (60%) of the funding (direct and indirect costs) provided through this NOFO should be used to support the design, development, implementation, dissemination, and translation of the PRC core research project activities.
- Applicants should allocate 10% of the funding (direct and indirect costs) to support PRC Network activities.

Cost Category	**PRC Center Component**	**PRC Core Research Project Component**	**PRC Network Component**	**Total**
Salaries and Wages				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Other				
Consultants				
Total Direct Costs				
Indirect Costs				
Total Budget				
% of Total budget				

Applicants must use FORMS-H application packages for due dates on or after January 25, 2023.

Application guides for FORMS-G and FORMS-H application packages are posted to the How to Apply - Application Guide page.

Please use the form and instructions for SF424 (R&R) FORMS-H for applications due on or after January 25, 2023.

6. Appendix

Do not use the appendix to circumvent page limits. A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not publicly available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

The appendix may include:

- An annual action plan (work plan) for the first year of funding to include the PRC center component, PRC core research project component, and the PRC Network component, a timeline, and staffing. Additional information regarding the annual action plan is included in Appendix 2. The annual action plan has a 20-page limit.
- Up to 3 publications of the following types can be included in one appendix. In each case include the entire document:
    - Manuscripts and/or abstracts accepted for publication but not published.
    - Published manuscripts and/or abstracts where a free, online, publicly available journal link is not available.
- Surveys, questionnaires, and other data collection instruments, protocols, and informed consent documents.
- A plan for IRB approval, a well-developed draft of an IRB protocol, or evidence of exemption from IRB approval.

Applicants are encouraged to be as concise as possible and submit only information essential for the review of the application.

7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 25 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 10 PDF files with a maximum of 30 pages for all appendices. Pages that exceed page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.

CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide at .How to Apply - Application Guide.

Applicants must use FORMS-G application packages for due date on or before January 24, 2023 and must use FORMS-H application packages for due dates on or after January 25, 2023.

Application guides for FORMS-G and FORMS-H application packages are posted to the How to Apply - Application Guide page.

Please use the form and instructions for SF424 (R&R) FORMS-H for applications due on or after January 25, 2023.

9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are strongly encouraged to allocate additional time and submit in advance of the deadline to ensure they have time to make any corrections that might be necessary for successful submission. This includes the time necessary to complete the application resubmission process that may be necessary, if errors are identified during validation by Grants.gov and the NIH eRA systems. The application package is not complete until it has passed the Grants.gov and NIH eRA Commons submission and validation processes. Applicants will use a platform or system to submit applications.

ASSIST is a commonly used platform because it provides a validation of all requirements prior to submission. If ASSIST detects errors, then the applicant must correct errors before their application can be submitted. Applicants should view their applications in ASSIST after submission to ensure accurate and successful submission through Grants.gov. If the submission is not successful and post-submission errors are found, then those errors must be corrected and the application must be resubmitted in ASSIST.

Applicants are able to access, view, and track the status of their applications in the eRA Commons.

Information on the submission process is provided in the SF-424 (R&R) Application Guidance and ASSIST User Guide at https://era.nih.gov/files/ASSIST_user_guide.pdf.

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the grant application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Applicants who encounter problems when submitting their applications must attempt to resolve them by contacting the NIH eRA Service desk at:
Toll-free: 1-866-504-9552; Phone: 301-402-7469
http://grants.nih.gov/support/index.html
Hours: Mon-Fri, 7 a.m. to 8 p.m. Eastern Time (closed on Federal holidays)

Problems with Grants.gov can be resolved by contacting the Grants.gov Contact Center at:
Toll-free: 1-800-518-4726
https://www.grants.gov/web/grants/support.html

support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

It is important that applicants complete the application submission process well in advance of the due date time.

After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. A third and final e-mail message is generated once the applicant's application package has passed validation and the grantor agency has confirmed receipt of the application.

Unsuccessful Submissions: If an application submission was unsuccessful, the **applicant** must:

1. Track submission and verify the submission status (tracking should be done initially regardless of rejection or success).

    a. If the status states "rejected," be sure to save time stamped, documented rejection notices, and do #2a or #2b

2. Check emails from both Grants.gov and NIH eRA Commons for rejection notices.

    a. If the deadline has passed, he/she should email the Grants Management contact listed in the Agency Contacts section of this announcement explaining why the submission failed.

    b. If there is time before the deadline, correct the problem(s) and resubmit as soon as possible.

Due Date for Applications 06/23/2023

06/23/2023
Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

10. Funding Restrictions

Expanded Authority:

For more information on expanded authority and pre-award costs, go to https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf and speak to your GMS.

All HHS/CDC awards are subject to the federal regulations, in 45 CFR Part 75, terms and conditions, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.

Public Health Data:

CDC requires that mechanisms for, and cost of, public health data sharing be included in grants, cooperative agreements, and contracts. The cost of sharing or archiving public health data may also be included as part of the total budget requested for first-time or continuation awards.

Data Management Plan:

Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of generating or collecting public health data and must be included in the Resource Sharing Plan(s) section of the PHS398 Research Plan Component of the application.

Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, privacy and confidentiality considerations, embargo issues).

Recipients who fail to release public health data in a timely fashion will be subject to procedures normally used to address lack of compliance (for example, reduction in funding, restriction of funds, or award termination) consistent with 45 CFR 74.62 or other authorities as appropriate. For further information, please see: https://www.cdc.gov/grants/additional-requirements/ar-25.html

Human Subjects:

Funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. Copies of all current local IRB approval letters and local IRB approved protocols (and CDC IRB approval letters, if applicable) will be required to lift restrictions.

If the proposed research project involves more than one institution and will be conducted in the United States, awardees are expected to use a single Institutional Review Board (sIRB) to conduct the ethical review required by HHS regulations for the Protections of Human Subjects Research, and include a single IRB plan in the application, unless review by a sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy or a compelling justification based on ethical or human subjects protection issues or other well-justified reasons is provided. Exceptions will be reviewed and approved by CDC in accordance with Department of Health and Human Services (DHHS) Regulations (45 CFR Part 46), or a restriction may be placed on the award. For more information, please contact the scientific/research contact included on this NOFO.

Note: The sIRB requirement applies to participating sites in the United States. Foreign sites participating in CDC-funded, cooperative research studies are not expected to follow the requirement for sIRB.

11. Other Submission Requirements and Information

Risk Assessment Questionnaire Requirement
CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant’s CDC Risk Questionnaire, located

at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and UEI.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e., grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Application Submission

Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. **PAPER APPLICATIONS WILL NOT BE ACCEPTED.**

Applicants must complete all required registrations before the application due date. Section III.6 "Required Registrations" contains information about registration.

For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (http://grants.nih.gov/grants/guide /url_ redirect.htm? id=11144).

Important reminders:
All Senior/Key Personnel (including any Program Directors/Principal Investigators (PD/PIs) must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.

It is also important to note that for multi-project applications, this requirement also applies to the individual components of the application and not to just the Overall component.

The applicant organization must ensure that the UEI number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide.

If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.

See more resources to avoid common errors and submitting, tracking, and viewing applications:

- http://grants.nih.gov/grants/ElectronicReceipt/avoiding_errors.htm
- http://grants.nih.gov/grants/ElectronicReceipt/submit_app.htm
- https://era.nih.gov/files/ASSIST_user_guide.pdf
- http://era.nih.gov/erahelp/ASSIST/

Upon receipt, applications will be evaluated for completeness by the CDC Office of Grants Services (OGS) and responsiveness by OGS and the Center, Institute or Office of the CDC. Applications that are incomplete and/or nonresponsive will not be reviewed.

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process. As part of the CDC mission (https://www.cdc.gov/about/organization/mission.htm), all applications submitted to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

Overall Impact
Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

Scored Review Criteria
Reviewers will consider each of the review criteria below in the determination of scientific merit and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Significance
Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

Specific to this NOFO:

- Does the PRC center address a problem of great importance to applied public health prevention research and public health practice that aligns with a chronic disease prevention priority topic listed in Appendix 1.
- Does the PRC core research project address a problem of great importance to Dissemination and Implementation Research and public health practice that aligns with a chronic disease prevention priority topic listed in Appendix 1?
- Does the applicant provide sufficient evidence as outlined in the Research Plan section to support the proposed PRC core research project?
- Does the PRC core research project intervention have the potential to be sustained in the community of focus?
- Does the evidence-based intervention identified for the PRC core research project have the potential to be adopted and implemented more widely for populations experiencing high levels of health disparities or health inequities and improve health outcomes?

Investigator(s)
Are the PD/PIs, collaborators, and other researchers well suited to the project? Have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

Specific to this NOFO:

- Has the previous research of the PD/PIs and faculty contributed to improvements in public health practice or population health outcomes?
- Do the PD/PIs, and faculty have experience conducting community engaged D&I research for public health practice?
- Does the applicant provide evidence that the PD/PIs, and faculty have effectively engaging populations experiencing health disparities or communities with health inequities?
- Does the applicant demonstrate capacity to administer the PRC center (e.g. organizational chart, institutional support, the proposed application budget and budget justification)?
- Does the applicant provide evidence that the PD/PIs, faculty and staff have experience building the capacity of the public health workforce?
- Does the applicant have experience engaging partners who can translate the PRC core research project results into public health practice?
- Do the PD/PIs, faculty and staff, Community Advisory Board, and translation partners have expertise needed to conduct and complete the PRC core research project activities listed in the Approach Section?
- Does the applicant demonstrate capacity to carry out the PRC network activities described in the NOFO including the PRC core research project?

Innovation

Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

Specific to this NOFO:

- Does the PRC center proposal bridge gaps between prevention researchers and public health practitioners?
- Does the applicant propose novel approaches to address population health problems?
- Does the applicant propose innovative approaches to community engagement as part of the PRC core research project to improve population health outcomes?
- Does the applicant challenge and seek to shift paradigms in D&I research or public health practice by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions in the PRC core research project?
- Does the applicant describe effective strategies to advance translation of promising PRC practices and PRC core research project findings?
- Does the application describe effective strategies to utilize the PRC Network to advance translation of promising PRC practices and research findings?

Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility, and will particularly risky aspects be managed?

If the project involves clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

Specific to this NOFO

- Does the applicant describe how they will train public health, medical practitioners, students, and multisector partners?
- Are the plans to communicate about PRC center activities and products appropriate?
- Does the applicant propose a PRC core research project that uses dissemination and implementation research?
- Does the PRC core research project address a population of interest experiencing high levels of health disparities or inequities and an evidence gap from Appendix 1?
- Does the PRC core research project utilize and EBI from Appendix 1 or provide sufficient evidence for a different EBI proposed?
- Does the applicant provide a convincing root cause analysis that shows the role the PRC core research project will play in addressing drivers of health disparities to promote health equity?
- Are PRC core research project participant recruitment and retention strategies appropriate?
- Does the applicant demonstrate adequate collaboration with CAB, local, state, tribal or national partners in PRC center activities and the PRC core research project as evidence by signed letter of support (CAB) or MOU/MOA (public health partner) for each party as outlined in the Research Plan section?
- Does the applicant propose an equitable and evidence-based community engagement approach to involve the community, the CAB and translation partner in all phases of the PRC core research project?
- Does the applicant provide a PRC core research project dissemination and translation plan as outlined in the Research Plan section that includes:
- A description of how partners will support and participate in the PRC core research project translation activities?
- A description of implementation support including training and technical assistance to implement EBI(s) by translation partners?
- A description of proposed dissemination products and translation products and specific audiences and channels and strategies to reach them?
- Is the PRC core research project timeline reasonable and demonstrate that major project milestones will be achieved within the five-year period of performance of the award?

- Is the focus area/topic of the PRC center aligned with the PRC core research project chronic disease priority/topic?
- Does the applicant describe plans to train staff, university students, and CAB members or other partners to be able to conduct PRC core research project activities as outlined on the Research Plan section?

Environment
Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

Specific to this NOFO:

- Does the applicant demonstrate commitment by the academic institution to support the PRC as evidence by detailed documentation of commitment (i.e. return of Facilities & Administration costs, office space, personnel, equipment, additional funding, or other resources)?
- Does the applicant demonstrate capacity and resources to administer the center (e.g. organizational chart, institutional support, the proposed application budget and budget justification) to accomplish the proposed activities in the PRC center, PRC core research project, and PRC Network components as outlined in the Research Plan?
- Does the applicant propose engagement with key partners in a manner that will contribute to the success of the PRC core research project, and the PRC center?
- Does the applicant propose collaborative engagement with the PRC Network and external partners (e.g. CTSAs) throughout the project period?

2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority score, but *will not give separate scores* for these items.

Protections for Human Subjects
If the research involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3) sources of materials. For additional information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements (https://www.cdc.gov/grants/additional-requirements/ar-1.html).

If your proposed research involves the use of human data and/or biological specimens, you must provide a justification for your claim that no human subjects are involved in the Protection of Human Subjects section of the Research Plan.

Inclusion of Women, Minorities, and Children
When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (https://www.cdc.gov/women/research/index.htm) and the policy on the Inclusion of Persons Under 21 in Research (https://www.cdc.gov/maso/Policy/policy496.pdf).

Vertebrate Animals
The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following four points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 4) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section (https://grants.nih.gov/grants/olaw/VAChecklist.pdf).

Biohazards
Reviewers will assess whether materials or procedures proposed are potentially hazardous to research personnel and/or the environment, and if needed, determine whether adequate protection is proposed.

Dual Use Research of Concern
Reviewers will identify whether the project involves one of the agents or toxins described in the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern, and, if so, whether the applicant has identified an IRE to assess the project for DURC potential and develop mitigation strategies if needed.

For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website at: http://www.phe.gov/s3/dualuse. Tools and guidance for assessing DURC potential may be found at: http://www.phe.gov/s3/dualuse/Pages/companion-guide.aspx.

3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but will not give scores for these items, and should not consider them in providing an overall impact/priority score.

Applications from Foreign Organizations
N/A
Resource Sharing Plan(s)
HHS/CDC policy requires that recipients of grant awards make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see: https://www.cdc.gov/grants/additional-requirements/ar-25.html

New additional requirement: CDC requires recipients for projects and programs that involve data collection or generation of data with federal funds to develop and submit a Data Management Plan (DMP) for each collection of public health data.

Investigators responding to this Notice of Funding Opportunity should include a detailed DMP in the Resource Sharing Plan(s) section of the PHS 398 Research Plan Component of the application. The AR-25 outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

The DMP should be developed during the project planning phase prior to the initiation of collecting or generating public health data and will be submitted with the application. The submitted DMP will be evaluated for completeness and quality at the time of submission.

The DMP should include, at a minimum, a description of the following:

- A description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to and sharing of the data (include a description of provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights - this section should address access to identifiable and de-identified data);
- Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified (this section should address archiving and preservation of identifiable and de-identified data).

Applications submitted without the required DMP may be deemed ineligible for award unless submission of DMP is deferred to a later period depending on the type of award, in which case, funding restrictions may be imposed pending submission and evaluation.

CDC OMB approved templates may be used (e.g. NCCDPHP template https://www.cdc.gov/chronicdisease/pdf/nofo/DMP-Template-508.docx

Other examples of DMPs may be found here USGS, http://www.usgs.gov//products/data-and-tools/data-management/data-management-plans

Budget and Period of Support
Reviewers will consider whether the budget and the requested period of support are fully

justified and reasonable in relation to the proposed research. The applicant can obtain budget preparation guidance for completing a detailed justified budget on the CDC website, at the following Internet address: https://www.cdc.gov/grants/applying/application-resources.html. Following this guidance will also facilitate the review and approval of the budget request of applications selected for award.

The budget can include both direct costs and indirect costs as allowed.

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of modified total direct costs exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of $25,000.

If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.
As part of the scientific peer review, all applications:

- Will undergo a selection process in which only those applications deemed to have the highest scientific and technical merit (generally the top half of applications under review), will be discussed and assigned an overall impact/priority score.
- Will receive a written critique.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office. Applications will compete for available funds with all other recommended applications submitted in response to this NOFO. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding recommendations:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.

- Selection to ensure that the PRC core research projects address a variety of chronic disease prevention priority categories listed in Appendix 1.
- Selection to ensure equitable geographic distribution of PRCs across the United States.

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance with 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC’s framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under 45 CFR Part 75, subpart F, or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred,

suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons.

Section VI. Award Administration Information

1. Award Notices

Any applications awarded in response to this NOFO will be subject to the UEI, SAM Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission. The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov-Finding the UEI.

A formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is the authorizing document and will be sent via email to the grantee's business official.

Recipient must comply with any funding restrictions as described in Section IV.11. Funding Restrictions. Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk. These costs may be allowable as an expanded authority, but only if authorized by CDC.

2. CDC Administrative Requirements

Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants
Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: https://www.archives.gov/

Specific requirements that apply to this NOFO are the following:

Generally applicable ARs:

AR-1: Human Subjects Requirements

AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR-3: Animal Subjects Requirements

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-17: Peer and Technical Reviews of Final Reports of Health Studies – ATSDR

AR-21: Small, Minority, And Women-owned Business

AR-22: Research Integrity

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

AR-28: Inclusion of Persons Under the Age of 21 in Research

AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR-31: Research Definition

AR-32: Appropriations Act, General Provisions

AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern

AR-36: Certificates of Confidentiality

AR-37: Prohibition on certain telecommunications and surveillance services or equipment for all awards issued on or after August 13, 2020.

Organization Specific ARs:

AR-8: Public Health System Reporting Requirements

AR-15: Proof of Non-profit Status

AR 23: Compliance with 45 C.F.R. Part 87

3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in

which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider- obligations/index.html and https://www.hhs.gov/civil-rights/for- individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy applies to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at: https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html.

Federal Funding Accountability and Transparency Act of 2006 Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252, requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single, publicly accessible website, www.usaspending.gov. For the full text of the requirements, please review the following website: https://www.fsrs.gov/.

Plain Writing Act The Plain Writing Act of 2010, Public Law 111-274, was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication

that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: https://www.plainlanguage.gov/.

Employee Whistleblower Rights and Protections Employee Whistleblower Rights and Protections: All recipients of an award under this NOFO will be subject to a term and condition that applies the requirements set out in 41 U.S.C. § 4712, "Enhancement of contractor protection from reprisal for disclosure of certain information" and 48 Code of Federal Regulations (CFR) section 3.9 to the award, which includes a requirement that recipients and subrecipients inform employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. § 4712. For more information see: https://oig.hhs.gov/fraud/whistleblower/.

Copyright Interests Provision This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however, the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

> The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Language Access for Persons with Limited English Proficiency Recipients of federal financial assistance from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. Recipients of federal financial assistance must take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency.

Dual Use Research of Concern On September 24, 2014, the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern was released. Grantees (foreign and domestic) receiving CDC funding on or after September 24, 2015 are subject to this policy. Research funded by CDC, involving the agents or toxins named in the policy, must be reviewed to determine if it involves one or more of the listed experimental effects and if so, whether it meets the definition of DURC. This review must be completed by an Institutional Review Entity (IRE) identified by the funded institution.

Recipients also must establish an Institutional Contact for Dual Use Research (ICDUR). The award recipient must maintain records of institutional DURC reviews and completed risk mitigation plans for the term of the research grant, cooperative agreement or contract plus three years after its completion, but no less than eight years, unless a shorter period is required by law or regulation.

If a project is determined to be DURC, a risk/benefit analysis must be completed. CDC will work collaboratively with the award recipient to develop a risk mitigation plan that the CDC must approve. The USG policy can be found at http://www.phe.gov/s3/dualuse.

Non-compliance with this Policy may result in suspension, limitation, restriction or termination of USG-funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG-funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG-funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

Data Management Plan(s)

CDC requires that all new collections of public health data include a Data Management Plan (DMP). For purposes of this announcement, “public health data” means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation.

This new requirement ensures that CDC is in compliance with the following; Office of Management and Budget (OMB) memorandum titled “Open Data Policy–Managing Information as an Asset” (OMB M-13-13); Executive Order 13642 titled “Making Open and Machine Readable the New Default for Government Information”; and the Office of Science and Technology Policy (OSTP) memorandum titled “Increasing Access to the Results of Federally Funded Scientific Research” (OSTP Memo).

The AR-25 https://www.cdc.gov/grants/additional-requirements/ar-25.html outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

Certificates of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of

Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, CDC-supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to this award. See Additional Requirement 36 to ensure compliance with this term and condition. The link to the full text is at: https://www.cdc.gov/grants/additional-requirements/ar-36.html.

4. Cooperative Agreement Terms and Conditions

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial CDC programmatic involvement with the recipients is anticipated during the performance of the activities. Under the cooperative agreement, the HHS/CDC purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; CDC Project Officers are not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the recipients for the project as a whole, although specific tasks and activities may be shared among the recipients and HHS/CDC as defined below.

The PD(s)/PI(s) will have the primary responsibility for:

- Complying with the responsibilities for the Extramural Investigators as described in the Policy on Public Health Research and Non-research Data Management and Access ***https://www.cdc.gov/grants/additional-requirements/ar-25.html***
- Administration and management of scientific, programmatic, and fiscal aspects of the cooperative agreement and the day-to-day management of the center, core research project and PRC Network activities outlined in the NOFO.
- Obtaining the appropriate Institutional Review Board approvals to conduct research and providing documentation to CDC of appropriate human subjects protections.
- Communicating with PRC program and providing accurate and timely submission of required reports to CDC.
- Participating in routine monitoring activities such as technical assistance calls and site visits with the PRC Program Project Officer.
- Submitting prior approval request for change in key personnel. Key personnel are identified as: project director/principal investigator (PD/PI), business official or financial director, PRC Deputy Director and core research project Principal Investigator.
- Providing requested evaluation information for the PRC Program Evaluation Reporting System (PERS) or similar system.
- Participating in PRC Network activities and ensuring staff representation on committee e.g., the steering committee, operations committee, and community committee activities.
- Participating in PRC Program meetings and ensuring participation by a representative of the PRC's Community Advisory Board.

- Ensuring participation of the Community Advisory Board in the PRC center, PRC core research project and PRC Network activities.
- Serving as PRC PI/PD of record, as listed in the Notice of Award, on applications for supplemental awards.
- Overseeing SIP application and post award activities including submission of prior approval requests and required reports to CDC.
- Providing communication and dissemination information to the PRC Program for communication and dissemination purposes.
- Implementing the dissemination and translation plan associated with the PRC core research project.
- Ensuring translation products of this cooperative agreement are publicly accessible, e.g., in databases of effective interventions, national registries of evidence-based programs and practices, and on the PRC center's website for sharing with practice audiences.
- Ensuring compliance with the Data Management Plan requirements and Copyright Interests Provision of the NOFO.
- Completing CDC approved activities as outlined in the NOFO in the agreed upon timeline.

Recipients will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current HHS, PHS, and CDC policies. CDC reserves the right to obtain, reproduce, publish, or otherwise use the data produced under a federal award, and to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

HHS/CDC Responsibilities:

CDC staff have substantial programmatic involvement that is above and beyond the normal stewardship role in awards. CDC staff will provide technical assistance on project activities and assist with dissemination of results. CDC staff may be co-authors on manuscripts. However, CDC staff will not have contact with human subjects or data collected from human subjects.

Additional PRC Program involvement is described below:

- Assist the PI, as needed, in complying with the Investigator responsibilities described in the Policy on Public Health Research and Non-research Data Management and Access, ***https://www.cdc.gov/grants/additional-requirements/ar-25.html***.
- Ensure that research conducted aligns with CDC public health priorities and the goals and objectives of PRC Program cooperative agreements.
- Provide technical assistance on the use of the CDC Acknowledgement Statement and PRC Program's Branding Guidelines for Communication and Dissemination products. See PRC Style Guide - PRC Logo and Design Elements/Examples - Google Drive.
- Provide technical assistance in developing PRC center communications plans.
- Provide technical assistance in developing dissemination and translation plans.
- Promote dissemination of recipients' PRC core research projects, dissemination products, translation products, research findings and tools and PRC center activities.

- Establish, manage, and maintain a collaboration platform for the PRC Network to support information sharing and facilitate collaboration across the PRC Network and CDC.
- Provide logistical and administrative support to the PRC Network activities e.g., network meetings, and committee and select work-group meetings.
- Assess the public health impact of the PRC core research project.

The PRC Program Project Officer will:

- Be named in the Notice of Grant award as the Project Officer.
- Provide day-to-day scientific, programmatic, administrative, and grants management support of the cooperative agreement.
- Monitor performance against approved budgets, budget justifications, annual action plan objectives and activities.
- Provide scientific, programmatic, administrative and grants management technical assistance to the recipients.
- Make recommendations on requests for changes in scope, objectives, and/or budgets that deviate from the approved peer-reviewed application.
- Facilitate the exchange of information with other CDC programs to address recipients' technical assistance needs.
- Promote dissemination of promising practices, programs, interventions, and other research findings and products.
- Assure translation and adoption of EBIs and products beyond the immediate study to improve public health programs, practices or policy.

ERPOS Scientific Program Official (SPO) will:

- Be named in the Notice of Award as the Scientific Program Official.
- Provide scientific oversight and assure overall scientific and programmatic stewardship of the award.
- Collaborate with the PRC Program to monitor performance against approved project objectives.
- Assure assessment of the public health impact of the research conducted under this NOFO.

Additional Special Terms and Conditions:

- Academic instruction and large-scale public health training programs are not supported under this NOFO. Pilot funding/mini-grants for research projects <u>will not</u> be supported by this NOFO.
- This NOFO will NOT support etiological research or efficacy research.
- Annual action plan, Budget, and Budget Justification may require revision upon technical assistance from CDC.
- Human subject education documentation for new key personnel and other significant contributors involved in the design or conduct of research, should be provided within 30 days of award, demonstrating completion of an education program in the protection of human subjects.

- Acknowledgment Statement: Communications produced under a CDC Health Promotion and Disease Prevention Research Center cooperative agreements must bear an acknowledgment and disclaimer. This requirement applies to PRC Core and Special Interest Projects awards. This statement replaces any other requirements listed in the General Terms and Conditions for Research awards. A recommended statement is:

This [project/publication/program/website, etc.] [is/was] supported by the Health Promotion and Disease Prevention Research Center cooperative agreement, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX (budget period funding). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

NOFO Funding Allocation Requirements:

- PRC Center component: Thirty percent (30%) of funding (direct and indirect costs) provided through this NOFO should be used to support Center Component activities.
- PRC Core research project component: Sixty percent (60%) of the funding (direct and indirect costs) through this NOFO should be used to support core research project component activities. A portion of core research project funding may include costs of developing translation products.
- PRC Network Component: Ten percent (10%) of the funding (direct and indirect costs) provided through this NOFO should be used to support PRC Network component activities.

5. Reporting

Recipients will be required to complete Research Performance Progress Report (RPPR) in eRA Commons at least annually
(see https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/forms/report_on_grant.htm) and financial statements as required in the HHS Grants Policy Statement.

A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.

The Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients:

1) Information on executive compensation when not already reported through the SAM Registration; and
2) Similar information on all sub-awards/ subcontracts/ consortiums over $25,000. It is a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later. All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over $25,000. See the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

A. Submission of Reports

The Recipient Organization must submit:

1. **Yearly Non-Competing Grant Progress Report** is due 90 to 120 days before the end of the current budget period. The RPPR form (https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf) is to be completed on the eRA Commons website. The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.
2. **Annual Federal Financial Report (FFR) SF 425 (**Reporting | Grants | CDC) is required and must be submitted to the Payment Management System accessed through the FFR navigation link in eRA Commons or directly through PMS **within 90 days after the budget period ends.**
3. **A final progress report**, invention statement, equipment/inventory report, and the final FFR are required **90 days after the end of the period of performance.**

B. Content of Reports

1. Yearly Non-Competing Grant Progress Report: The grantee's continuation application/progress should include:

    - Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the RPPR form in eRA Commons (https://grants.nih.gov/grants/rppr/index.htm). Detailed narrative report for the current budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.
    - Research Aims: list each research aim/project

    a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned

    b) Leadership/Partnership: list project collaborations and describe the role of external partners.

- Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. Questions to consider in preparing this section include:

- How will the scientific findings be translated into public health practice or inform public health policy?
- How will the project improve or effect the translation of research findings into public health practice or inform policy?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
- How will the findings advance or guide future research efforts or related activities?

- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. Questions to consider in preparing this section include:
- How will this project lead to improvements in public health?
- How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
- How will the findings, results, or recommendations contribute to documented or projected reductions in morbidity, mortality, injury, disability, or disease?

- Current Budget Period Financial Progress: Status of obligation of current budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.

- New Budget Period Proposal:
- Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.

- Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).

- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.

- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate "Not applicable: No publications or presentations have been made."

- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your narrative.

- Update of Data Management Plan: The DMP is considered a living document that will require updates throughout the lifecycle of the project. Investigators should include any updates to the project's data collection such as changes to initial data collection plan, challenges with data collection, and recent data collected. Applicants should update their DMP to reflect progress or issues with planned data collection and submit as required for each reporting period.

- Additional Reporting Requirements:

- CDC will provide guidance and templates for completing reporting requirements post award.

Specific to this NOFO, the following instructions clarify the reporting requirement detailed in Section VI, 5. Reporting, B. Content of Reports.

- **Yearly Non-Competing Grant Progress Report**
  - Dissemination of research results refers to sharing information with practice, academic, and community audiences
  - Translation of Research findings refers to implementation of research or scientific findings into public health programs or practice
  - New Budget Period Proposal: Detailed Operational Plan refers to the annual action plan. for additional information
  - Publications/Presentations/Tools/Other Products:
    - Include peer reviewed publications and presentations, evaluated research and practice tools, and other products from the , along with other publications and presentations resulting from this award during the budget period

- **Final Reports**

- Dissemination of research results refers to sharing information with practice, academic, and community audiences
- Translation of research findings refers to implementation of research or scientific findings into public health programs or practice
- Publications/Presentations/Tools/Other Products:
  - Include peer reviewed publications and presentations, evaluated research and practice tools, and other products from the core research project, along with other publications and presentations resulting from this award during the project period

- **Additional Reporting Requirements**
  - Information for the PRC Program Evaluation Reporting System (PERS) or a similar system
  - Information associated with the recipient's final Evaluation report
  - **Annual Federal Financial Report (FFR):** FFRs should report separate unobligated balances for each PRC award and SIP award(s)

2. Annual Federal Financial Reporting The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through the Payment Management System (PMS) within 90 days after the end of the budget period. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.

Additional resources on the Payment Management System (PMS) can be found at https://pms.psc.gov.

Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients must submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Organizations may verify their current registration status by running the "List of Commons Registered Organizations" query found at: https://era.nih.gov/registration_accounts.cfm. Organizations not yet registered can go to https://commons.era.nih.gov/commons/ for instructions. It generally takes several days to complete this registration process. This registration

is independent of Grants.gov and may be done at any time.

The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: https://era.nih.gov/docs/Commons_UserGuide.pdf.

3. Final Reports: Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The grantee's final report should include:

- Research Aim/Project Overview: The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.
- Translation of Research Findings: The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance the impact on public health practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the Period of Performance. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.
- Public Health Relevance and Impact: This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.
- Publications; Presentations; Media Coverage: Include information regarding all publications, presentations or media coverage resulting from this CDC-funded activity. Please include any additional dissemination efforts that did or will result from the project.
- Final Data Management Plan: Applicants must include an updated final Data Management Plan that describes the data collected, the location of where the data is stored (example: a repository), accessibility restrictions (if applicable), and the plans for long term preservation of the data.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

7. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;

b. contact name with phone, fax, and e-mail;

c. agreement number(s) if reporting by agreement(s);

d. reporting period;

e. amount of foreign taxes assessed by each foreign government;

f. amount of any foreign taxes reimbursed by each foreign government;

g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

Application Submission Contacts

Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)
Contact Center Phone: 800-518-4726
Email: support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)
Phone: 301-402-7469 or 866-504-9552 (Toll Free)
TTY: 301-451-5939
Email: commons@od.nih.gov
Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

Note: Include NOFO number (RFA-DP24-004) in the email subject line when submitting questions.

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Section VIII. Other Information

Other CDC Notices of Funding Opportunities can be found at www.grants.gov.

All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Authority and Regulations
Awards are made under the authorization of Sections of the Public Health Service Act as amended and under the Code of Federal Regulations.

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Appendix 1

Required Chronic Disease Prevention Priority Categories and Elements for the PRC Core Research Project

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
1 Improve Health and Wellness Among Older Adults	•	A. The literature on successful interventions for specific (sub)populations is sparse; for example, subpopulations include individuals with a history of cancer, non-U.S. born/foreign born persons, people with lower incomes, people who are underserved by age, race, ethnicit	• Enhance®Fitness - Project Enhance https://projectenhance.org/enhancefitness/ • Physical Activity: Social Support | The Community Guide - https://www.thecommunityguide.org/findings/physical-activity-social-support-interventions-community-settings.html • Phys Activity: Park, Trail, Greenway multicomponent | The Community Guide - https://www.thecommunityguide.org/findings/physical-activity-park-trail-greenway-infrastructure-interventions-combined-additional-interventions.html • Nutrition, Physical Activity: Digital Health--Worksite | The Community Guide - https://www.thecommunityguide.org/findings/nutrition-and-physical-activity-worksite-digital-health-and-telephone-interventions-increase-healthy-eating-and-physical-activity.html • Physical Activity: Digital Health for Adults 55+ | The Community Guide- https://www.thecommunityguide.org/findings/physical-activity-digital-health-interventions-adults-55-years-and-older.html • Depression Care Older Adults, Exercise-Based | The Community Guide - https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults.html • Alleviating Depression Among Patients With Cancer (ADAPt-C) | Evidence-Based Cancer Control Programs (EBCCP) - https://ebccp.cancercontrol.cancer.gov/programDetails.do?programId=3551008

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		y, disability status, or language. B. There are also important gaps in research, dissemination, and implementation and understanding impact on disparities across groups such as by race, ethnicity, education, income, age, sex, geography [rural/urban], disability	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		status, and sexual orientation or gender identity. C. Strategies to address social isolation and social connectiveness with sufficient rationale, literature, and evidence may also be examined.	
2 Reduce UV overexposure and mitigate the effects of extreme heat.	• •	A. How can CDC-funded states or communities interested in using an evidenc	• The Community Guide provides evidence-based strategies to reduce UV overexposure, prevent sunburn, and reduce skin cancer risk: https://www.thecommunityguide.org/pages/task-force-findings-cancer-prevention-and-control.html#skincancer • The National Cancer Institute's Evidence-Based Cancer Control Programs website provides the links to materials for specific evidence-based interventions: Sun Safety Evidence-Based Programs Listing | Evidence-Based Cancer Control Programs (EBCCP): https://ebccp.cancercontrol.cancer.go

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
	•	e-based intervention improve uptake through implementation science frameworks, constructs, or logic models? Areas of interest include acceptability, cost, and maintenance. B. Using implementation science models and frameworks to determine barriers and facilitators to the implementation	v/topicPrograms.do?topicId=102269&choice=default • The U.S. Environmental Protection Agency provides a database of community actions to address heat islands, which includes a drop-down filter to select those that include trees and vegetation. Heat Island Community Actions Database | US EPA: https://www.epa.gov/heatislands/heat-island-community-actions-database

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		of interventions. C. Ensuring equitable implementation. Determining if there are cultural or linguistic adaptations are needed to support uptake within some populations.	
3 Dissemination strategies to address stigma as a barrier to diabetes self-management educati	•	A. Using implementation science models and frameworks to determine barriers and facilitators to	• Diabetes Self-Management Education and Support (DSMES) Toolkit | Diabetes | CDC - https://www.cdc.gov/diabetes/dsmes-toolkit/ • Diabetes Management: Interventions Engaging Community Health Workers - https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-interventions-engaging-community-health-workers • https://www.cdc.gov/minorityhealth/promotores/index.html • Diabetes Management: Team-Based Care for Patients with Type 2 Diabetes - https://health.gov/healthypeople/tools-

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
on and support services (DSMES) uptake in people with comorbid mental, emotional, behavioral, and developmental disorders (MEBDD).		DSMES uptake in populations experiencing double stigma; ○ What facilitates or impacts DSMES uptake	action/browse-evidence-based-resources/diabetes-management-team-based-care-patients-type-2-diabetes

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		key in the population with concurrent diabetes and m	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ental health issues? ○ How do these facilitators and	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		barriers vary by setting (i.e., mental/behavioral	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		lhealthsettings, healthcaresettings, community	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		y-based settings)? ○ How do barriers and facilitato	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		rsdiffferbytypeofmentalhealthissue?Forexampl	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		e, would apply to someone with ADHD needed different supports t	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		hanapersonwithhautismspectrumdisorderorapers	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		on with hdepression? B. Using implementation science models and frameworks to determine acceptability by organizations, staff, and individuals (perceived effectiveness, ethicality, coheren	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ce of DSME S services , opportu nity costs, self-efficacy) C. Ensuri ng equitabl e implem entation by determi ning whether cultural adaptati ons are needed to support uptake of evidenc e-based DSME S services among populat ions with MEBD D.	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
4 Increase awareness, readiness, and uptake of diabetes self-management education and support (DSMES) services and programs for underserved populations/communities.	• •	A. The current landscape of diabetes helplines, text messaging interventions, smartphone apps, live chat, and other support services in the US is unknown. If successful, these support strategies could have the potential to improve implementation of DSMES	• Diabetes Management: Interventions Engaging Community Health Workers - https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-interventions-engaging-community-health-workers • https://www.cdc.gov/minorityhealth/promotores/index.html • Diabetes Management: Mobile Phone Applications Used Within Healthcare Systems for Type 2 Diabetes Self-Management - https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-mangement-mobile-phone-applications-used-within-healthcare-systems-type-2-diabetes-self-management • Diabetes Management: Team-Based Care for Patients with Type 2 Diabetes - https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-team-based-care-patients-type-2-diabetes • What Works Fact Sheet: Diabetes Prevention and Control (thecommunityguide.org) - https://www.thecommunityguide.org/media/pdf/what-works-fact-sheets/what-works-fact-sheet-diabetes-p.pdf • Diabetes Management: Intensive Lifestyle Interventions for Patients with Type 2 Diabetes - https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-management-intensive-lifestyle-interventions-patients-type-2-diabetes • Diabetes Self-Management Education and Support (DSMES) Toolkit - https://www.cdc.gov/diabetes/dsmes-toolkit/

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		services programs, to advance health equity for people experiencing health disparities in diabetes complications, and to generate replicable implementation strategies that can be applied to evidence-based self-management education programs for other chronic conditions.	• Implementing and Evaluating Diabetes Self-Management Education and Support (DSMES) Programs for Underserved Populations/Communities: A Practice-Based Guide - https://www.cdc.gov/diabetes/pdfs/evaluation-resources/CDC-DSMES-Rapid-Evaluation-Practice-Based-Guide-508.pdf

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		○ Ensuring equitable implementation by determinin	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		gwhetherculturaladaptationsareneededtosuppo	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		rtuptakeofevidence-basedDSMESservicesamongu	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		nderservedpopulations ○ Determiningifthereare c	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ultural or linguistic adaptations needed to suppo	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		rtuptake. For example, are there populations and	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		plicantmightwanttofocusontoensuretheevidenc	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		e-based intervention is acceptable? B. Using an implementation science framework, logic model, or other implem	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		entation science tool to address feasibility, acceptability, and perceived helpfulness of evidence-based social support strategies for diabetes self-management at the organizational, community, and individual levels. ○ Determining	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		whetherculturalconsiderationsareneededtofac	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ilitateacceptanceofthesocialsupportstrateg	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		y. C. Scale and spread the use of evidenced-base interventions. ○ How can Area Health Education Centers	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		(AHECs) in CDC-funded states or communities who ha	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		veanintersestinusingaanevidence-basedinterven	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		tion(e.g., Diabetes Empowerment Education Progr	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		am[DEEP]-BigBendAHEC)improveuptakethroughim	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		plementationscienceframeworks,constructs,or	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		logic models? D. Using implementation science models and frameworks to determine barriers and facilitators to participation ○ Determine barrie	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		rsandfacilitatorsandwhatparticipantsandprov	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		iders need to be able to participate/implementane	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		videncebasedDSMESinterventioniniintheircommuni	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ties. ○ AHECs are designed to be responsive to local h	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ealthneedsandservesanimportantlinkbetweena	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		cademictraininingprogramsandcommunity-basedou	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		treach programs; however, there is little data on h	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		owe ffe cti ve thi sm ode lis reg ard ing the imp lem ent	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ationofchroniccconditionsinterventionssuchast	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ype2diabetes. ○ AHECsdevelopcommunityhealthedu	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		cation curriculums, for both online and face-to-f	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		acetraininingprogramss, throughuniquepartnershi	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		psthatmeetthebroaderrangeofpublichealthneed	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		soft diverse rural and medically underserved commu	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		nities; however, there is little data available on	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		how effective this model is regarding the implemen	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		tation of chronic conditions in interventions such as	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		type 2 diabetes.	
5 Hypertension control among populations with hypertensive disorders in pregnancy.	• •	A. Ensuring the reach and availability of evidence-based interventions • Assessing how the in	• Heart Disease & Stroke Prevention: Team-Based Care | The Community Guide – Evidence-based interventions to improve hypertension using a team-based care model with pharmacists - https://www.thecommunityguide.org/findings/heart-disease-stroke-prevention-team-based-care-improve-blood-pressure-control.html • Hypertension: Self-Measured Blood Pressure Plus | The Community Guide – Evidence-based interventions to improve blood pressure control when combined with additional support - https://www.thecommunityguide.org/findings/heart-disease-stroke-prevention-self-measured-blood-pressure-with-additional-support.html • Accelerating Use of Self-measured Blood Pressure Monitoring (SMBP) Through Clinical-Community Care Models | SpringerLink – Evidence-based work to support SMBP monitoring by leveraging capacities and resources in community and public health organizations - https://link.springer.com/article/10.1007/s10900-020-00858-0 • Engaging Community Health Workers Recommended to Prevent Cardiovascular Disease | The Community Guide – Evidence-

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		tervention could be implemented in different settings	based interventions engaging community health workers to prevent cardiovascular disease - https://www.thecommunityguide.org/news/engaging-community-health-workers-recommended-prevent-cardiovascular-disease.html

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ingsandavailabletoaddressthehealthneedsofwo	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		men with both low- and high-risk pregnancies B. Using implementation science models	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		and frameworks to determine barriers and facilitators to participation • Determining what is needed among mate	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		rnalhealthprogramsandprovidersthatcouldhelp	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		facilitate the implementation of SMBP and team-ba	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		sedcareinntheirprogramss C. Ensuring equitable and sustainable implementation • Measuringacc	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		eptability, cost, maintenance, feasibility, and	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		effectiveness of the prevention program D. Understanding the gap between self-measured blood	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		pressure (SMBP) and its implementation during pregnancy and one-year post-pregnancy • Determining the timing and for or who	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		mSMBPissuesfuldduringpregnancyanddone-yearpost	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		- pregnancy	
6 Improve the nutrition, physical activity, health and wellness among overweight or obese children from households with lower incomes.	• • •	A. Adaptation and scaling in real-word settings B. Identification of Core Components of EBI and testing how to communicate that in real world implementation C. Optimal mechanisms by	• MEND https://healthyweightpartnership.org/ • Healthy Weight and Your Child https://www.ymca.org/what-we-do/healthy-living/fitness/healthy-weight-and-your-child • Bright Bodies http://www.brightbodies.org/ • Healthy Weight Clinic https://www.aap.org/en/patient-care/institute-for-healthy-childhood-weight/healthy-weight-clinic/ • Family-based Behavioral Treatment https://familybasedbehavioraltreatment.wustl.edu/

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		EBI program recipients for scaling up and offering the interventions to other sites including balancing core fidelity with necessary adaptations D. Provision of adaptation guidance for individual programs and tracking adaptations and fidelity measures Equitable	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		Implementation E. Implementation of culturally adapted Family Health Weight Programs (FHWP) in tribal communities F. Effectiveness of EBI in subpopulations and contextual components leading to outcomes G. Effectiveness of EBI and equitable implementation and health	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		outcomes H. Real-world effectiveness and maintenance of initial health gains by developmental stage I. Sustainability via a healthcare payment reimbursement model J. Operational sustainability of effective programs K. Implementation and program Technical Assistance and	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		L. EBI sustainability Costs analyses with background context of heterogenous state policies, a variety of health coach delivery models, variable coding techniques	
7 Improve healthy food offerings served, sold, and distributed in community settings.	• •	A. How can CDC-funded states or communities interested in using food service guidelines (FSG)	A. Food Service Guidelines is the evidence-based intervention. https://www.cdc.gov/obesity/downloads/guidelines_for_federal_concessions_and_vending_operations.pdf

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
	•	as an evidence-based intervention improve uptake and evaluation through implementation science frameworks, constructs, or logic models? Implementation constructs of interest include, acceptability, penetration of reaching those most at risk for poor diet and lack of food and nutrition	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		security, cost, and/or maintenance. Specific focus areas include: ○ Implementation of FSG in individuals se	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ttings • Using implementation science models and f	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		framework to address barriers and facilitators to	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		implementation in individual settings such as asp	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ecifichospitalorworksite. ○ Implementationof F	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		Ginsystems • Using implementation science model	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		lsandframeworkstoidentifybarriersandfacilit	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ators to participation in system implementation	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		of FSG – for example multiple organizational settti	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ngswithinajurisdiction(allstateparks,allcou	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ntyparkandrecreationcenters,universitysyste	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		m, multiple food pantries with the charitable ess y	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		stem). ○ Ensuring more equitable FSG implementatio	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		nin low resource communities with high rates of chr	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		onic disease • Determining community engagement p	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		r o c e s s e s f o r g r e a t e r i n c l u s i v e c u l t u r a l f o o d s a n d	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		/orcookingadaptations,diverseecoalitionsorwo	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		rkgroups,procurementfromsocially disadvantag	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		edproducersthathelpsupportacceptabilityandu	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ptakeofFSGthatmaximizechoiceandprofitabilit	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		y.	
8 Improve the nutrition and physical activity among children (0-5 years) in early childhood education (ECE) settings.	• •	A. Spreading the use of evidence-based interventions How can CDC-funded states or communities interested in using an evidence-based intervention (e.g., GO NAP SACC or other	• SNAP ed toolkit Intervention Programs – SNAP-Ed Toolkit (snapedtoolkit.org) - https://snapedtoolkit.org/interventions/programs/ ○ Brighter Bites ○ CATCH Early Childhood ○ Child Health Initiative for Lifelong Eating and Exercise (CHILE) Plus (NM PRC) ○ Culture of Wellness in Preschools (Rocky Mountain PRC), ○ Culture of Wellness in Preschools: Policy, System and Environment Change Process (COWP) ○ Cooking Matters ○ Eat Well Play Hard in Child Care Settings (EWPHCCS) ○ Go NAPSACC – SNAP-Ed Toolkit (www.snapedtoolkit.org) Harvest for Healthy Kids ○ Hip Hop to Health Jr. ○ Supporting Health and Activity in Preschool Environments (SHAPES) ○ The Children's Healthy Living (CHL) Program ○ Together, We Inspire Smart Eating (WISE)

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		evidence-based intervention) improve uptake through implementation science frameworks, constructs or logic models? Areas of interest include: ○ Penetration, Acceptabil	○ UCONN Husky Nutrition On-the-Go, Sugary Drink Reduction (SDR) • Healthy Caregivers/Healthy Children – evidence based ECE intervention with good results - https://clinicaltrials.gov/ct2/show/NCT01722032 • Preventing Obesity by Design – evidence based work to increase access to high quality outdoor learning spaces and PA - https://naturalearning.org/pod2

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ity, Cost, and/or Maintenance. B. Using implementation science models and frameworks to determine barriers and facilitators to participation	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		Determining the barriers and facilitators and what ECE programs and providers need to be able to participate/implement an evidence-based intervention in their program. C. Ensuring equitable implementation Determining if there are cultural or linguistic adaptations that need to	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		support uptake. For example, are there populations an applicant might want to focus on to ensure the evidence-based intervention is acceptable?	
9 Increase physical activity and reduce disparities in physical activity participation.	• •	A. Accelerating adoption and implementation of community-engaged policies and plans for community design to increas	• Physical Activity: Built Environment Approaches | The Community Guide https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches.html • Physical Activity: Park, Trail, Greenway Multicomponent | The Community Guide https://www.thecommunityguide.org/findings/physical-activity-park-trail-greenway-infrastructure-interventions-combined-additional-interventions.html

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
	•	e physical activity and reduce health disparities ○ How can implementation science framewo	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		rks, constructs or logic models helpCDC-funded st	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		atesorcommunitiesaccelerateadoptionandimple	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		mentation of plans and policies to increase physic	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		alactivitythroughcommunitydesign?Areasofint	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		erestinclude: Acceptability, feasibility, and s	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		sustainability of changes in policies and plans and	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		their implementation over time. B. Using implementation science models and frameworks to identify barriers and facilitators to adopting and	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		implementing plans and policies to increase physical activity through community design in priority community and neighborhood contexts ○ In these contexts, how d	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		oespresenceorabsenceoffactorssuchaspublicsu	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		pport, political will, evidence of economic or oth	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		erco-benefits, orresourcesortechnicalexperti	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ses uch as may be need ed to app ly for Bip art isa n Infr	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		astructureLawgrantprogramsinfluenceadoption	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		orimplementationofplansandpoliciesforcommun	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ity design to increase physical activity? C. Ensuring equitable implementation—what	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		resources, expertise, or facilitation are needed to: ○ Promote community-engaged implementat	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ioninpriorityconmmunitiesandneighborhoods? ○ As	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		sessandaddressconcernsoverpossibleneegativee	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		xternalities (e.g., threats to community stabili	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		tyorcommunitysafetyy)? ○ Consiiderplansandpolici	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		estoprevention or mitigated displacement in connecti	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		onwithinterventionstoincreasephysicalactivi	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ty through community design? ○ Insights on cost-benef	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		its of community design for physical activity, suc	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		has safety, social cohesion, or economic opportun	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ity which could potentially benefit CDC's state and	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		d l o c a l e f f o r t s t o r e d u c e d i s p a r i t i e s i n i m p l e m e n t	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ation.	
10 Prevent and control tooth decay (caries) among youth aged 5 to 18 years in school settings.	• •	A. How can CDC funded states or communities interested in delivering evidence-based preventive dental services in schools improve uptake through implementation science frameworks,	• Cavities: School-Based Dental Sealant Delivery | The Community Guide - https://www.thecommunityguide.org/findings/dental-caries-cavities-school-based-dental-sealant-delivery-programs.html • Topical fluoride for caries prevention: Executive summary of the updated clinical recommendations and supporting systematic review - PubMed (www.nih.gov) - https://pubmed.ncbi.nlm.nih.gov/24177407/ • Fluoride varnishes for preventing dental caries in children and adolescents - Marinho, VCC - 2013 | Cochrane Library - https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002279.pub2/full • Recommendation: Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions | United States Preventive Services Taskforce (www.uspreventiveservicestaskforce.org) - https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		constructs or logic models? Areas of interest include: Penetration, acceptability, cost, and/or maintenance. B. Determining the barriers and facilitators and what state and local health departments need to be able to implement a school caries prevention program. C. Determining if	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		there are cultural or linguistic adaptations that need to support uptake. For example, are there populations that school program administrators might want to focus on to ensure the school caries prevention program is acceptable?	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
11 Increasing communication between older adult patients and providers.	• •	A. To determine the barriers and facilitators that contribute to patient and provider communication. Possible topics to explore include: ○ Assessing whether the u	• Communicating with Older Adults - https://www.geron.org/programs-services/alliances-and-multi-stakeholder-collaborations/communicating-with-older-adults • Communicating with Older Adults: An Evidence-Based Review of What Really Works - https://gerontology.ku.edu/sites/gerontology.drupal.ku.edu/files/docs/GSACommunicating%20with%20Older%20Adults%20low%20Final.pdf • Optimizing geriatric care with the GERIATRIC 5Ms - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6347324/#:~:text=In%202017%2C%20Canadian%20and%20US,matters%20most%20(Table%201). • The Geriatrics 5M's: A New Way of Communicating What We Do - https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.14979 • Physician–patient communication in rheumatology: a systematic review - PMC (www.nih.gov) - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5910487/ • Predictors of perceived higher quality patient-provider communication in patients with rheumatoid arthritis - PubMed (www.nih.gov) - https://pubmed.ncbi.nlm.nih.gov/24510655/ • An algorithmic approach to reducing unexplained pain disparities in underserved populations | Nature Medicine - https://www.nature.com/articles/s41591-020-01192-7 • A Primary Care–Focused Intervention to Engage Patients With Osteoarthritis in Physical Activity: A Stakeholder Engagement Qualitative Study (sagepub.com) - https://doi.org/10.1177/1524839920947690

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		stinthehealthcaresystem,languagee,culturalbe	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		lifesserveasbarriers, particularlyamongracia	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		landethnicminoritypopulations. ○ Assessingwhet	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		hercognitivechallengesthatthepatientmaybeex	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		perienc ingser veasa barrier incom munic ating to t	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		help provide and their impact on health outcomes. ○ Wh	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		a t f a c t o r s w o u l d h e l p f a c i l i t a t e c o m m u n i c a t i o n b e	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		tweenpatientsandhealthcareprovidersc? ○ Increas	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ingconversationswithprovidersaboutthheirheal	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		th, including brain health, concerns about memory	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		and physical activity recommendations, and progr	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		amsforarthritis:	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)

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CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		B. Expanding the use of evidence-informed communication techniques. C. Increasing equitable implementation ○ Are implemented communicat	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		iontechniquesadaptablefordiversepopulations	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		– culturally appropriate implementation?	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
12 Improve arthritis management and outcomes.	• •	A. Understanding implementation challenges and facilitators of remote delivery for arthritis - appropriate, evidence-based interventions (AAEBIs). B. Are there challenges with implementation when it comes to technology (e.g., technology capacity and infrastructure, digital literacy, access	• CDC-recognized, lifestyle management programs for arthritis (i.e. AAEBIs) - https://www.cdc.gov/arthritis/interventions/index.htm • CDC Arthritis Program physical activity health communication campaigns https://www.cdc.gov/arthritis/interventions/campaigns/index.htm o Physical Activity. The Arthritis Pain Reliever. o Buenos días, arthritis. • Health Care Providers - Exercise is Medicine - https://www.exerciseismedicine.org/eim-in-action/health-care/health-care-providers/ • PRA - Nature Prescribed (www.parkrxamerica.org) - https://parkrxamerica.org/providers/case-for-nature-prescriptions.php

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		to digital devices and broadband internet, connectivity issues, etc.)? C. Are there factors that facilitate the uptake and implementation of virtual/remotely delivered arthritis-appropriate, evidence-based programs? D. Assessing the dissemination, uptake, and effectiveness of	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		communication campaigns promoting physical activity to manage arthritis among underserved populations (e.g., racial and ethnic minority populations, communities that are underserved, people living in rural areas, older adults with physical health problems, etc.).	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		E. What are the barriers, facilitators, and contextual factors that might influence the implementation of communication campaigns promoting physical activity for arthritis among intended target audiences? F. What is the effectiveness of communication campaigns designed to increas	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		e awareness of and participation in physical activity /AAEBIs among intended target audiences? ○ How can implementation of commu	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		nication campaigns be improved to achieve desired	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		health outcomes in intended target audiences? G. Understanding barriers	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		, facilitators, and effective strategies to facilitate health care provider counseling of patients with arthritis about physical activity for arthritis management and referrals to AAEBIs. H. What organizational/ system barriers exist within health care that hinder health care	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		professionals from providing physical activity counseling and referral for patients with arthritis? I. What individual-level barriers exist for health care professionals that prevent them from providing physical activity counseling and referrals for patients with	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		arthritis? J. What factors would help facilitate the uptake and implementation of health care provider physical activity counseling and referrals for patients with arthritis? K. What strategies, techniques, tools, and resources are effective at increasing health care	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		provider physical activity counseling and referrals for patients with arthritis? L. Ensuring cultural appropriateness and equitable implementation of arthritis-appropriate, evidence-based interventions and management strategies. M. What are the implementation challenges/faci	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		litators in underserved/disproportionately impacted populations and/or diverse communities? N. What are potential adaptions (e.g., settings, cultural approaches, language, messaging, etc.) that may enhance implementation and participation in underserved/disproportionately impacte	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		d populations and/or diverse communities? O. Assessing and understanding the cost effectiveness/benefit and added value of arthritis-appropriate, evidence-based interventions and management strategies, including Return on Investment (ROI) and Value on Investm	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ent (VOI). P. What are the initial and ongoing costs (direct and in-kind) associated with implementing AAEBIs or integrating physical activity counseling and referral for people with arthritis into health care visits, including total cost and cost per participant/patient? Q. How do costs	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		compare to outcomes and potential future costs averted? R. How do costs compare to potential participant/patient benefits, such as enhanced quality of life, improved mood, reduced activity/work limitations, reduced social isolation, etc.? S. How do costs compare to other assets	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		that add value to an organization's/ health care provider's performance (e.g., patient, provider, care team satisfaction, etc.)?	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
13 Improve social connectedness in at-risk populations.	• •	A. Given the significant gap between evidence-based knowledge and its application, it is imperative to guide future research, intervention, practice, and policy to promote social connectedness and health from a public health approach. Systematic approaches to identifying opportu	• Psychological therapies: Psychotherapy, cognitive-behavioral therapy, mindfulness-based practices; group reminiscence therapy ○ https://link.springer.com/article/10.1007/s00127-017-1392-y https://www.pnas.org/doi/10.1073/pnas.1813588116 ○ https://www.sciencedirect.com/science/article/abs/pii/S0197457215002207?via%3Dihub ○ https://link.springer.com/content/pdf/10.1007/s00127-021-02191-w.pdf?pdf=button • Community-based exercise and physical activity: Exercise; exercise plus leisure ○ https://www.cdc.gov/pcd/issues/2022/21_0283.htm https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7563028/ • Technology and phone-based tools: Companionship weekly phone calls; social media video messaging, smart technologies; internet support sites; virtual connections ○ https://coresonline.org/resources/social-connectedness-and-engagement-technology-tool ○ https://www.listoscalifornia.org/community-projects/social-bridging-project/ https://www.ioaging.org/services/friendship-line https://www.circleofcare.com/phone-pals/ • Psychoeducation, skill development, and peer support: Social skills training, conflict resolution; peer-delivered services, & support groups ○ https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.17450 ○ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3865701/

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		nities to address gaps in the evidence and applying the evidence to practice, across levels and sectors, will accelerate progress in addressing social connection within public health. ○ The best practice	• Intergenerational connections, that support the development and maintenance of relationships between youth and older adults ○ https://committoconnect.org/wp-content/uploads/2022/06/ACL-Literature-Review-summary-only-062322-JVL-MCH-SJ.pdf • Animal therapy: Live animal visits, pet therapy, robotic dogs ○ https://onlinelibrary.wiley.com/doi/10.1111/opn.12320 ○ https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797399

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		s o f i m p l e m e n t a t i o n s c i e n c e w i l l n e e d t o b e u s e d t o t	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		arget underlying causes, including the intersect	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ionalityofriskandprotectivefactorsassociate	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		dwithsocialisolationandlonelinesss(SIL). ○ Bett	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		erdissseminationisneededregardingtheevidence	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		of the health impacts of SIL. ○ These strategy should did	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		entify opportunities to ensure that the targeted s	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		e t t i n g s h a v e a c c e s s t o a n d c a n a d o p t e v i d e n c e - b a s e

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		d p r a c t i c e s m o r e q u i c k l y .	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
14 Reduce excessive alcohol use and alcohol-related harm.	•	A. Using implementation science models and frameworks to determine barriers and facilitators to implementing an evidence-based intervention (e.g., regulating alcohol outlet density, or other strategy recommended by the Community Preventive Services Task Force for preventing excessi	• CDC's Factsheet on Preventing Excessive Alcohol Use - https://www.cdc.gov/alcohol/fact-sheets/prevention.htm • Alcohol Excessive Use: Outlet Density | The Community Guide - https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-regulation-alcohol-outlet-density.html • SAMHSA's Implementing Community-Level Policies to Prevent Alcohol Misuse Guide - https://www.samhsa.gov/resource/ebp/implementing-community-level-policies-prevent-alcohol-misuse • Surgeon General's Report on Alcohol, Drugs, and Health, 2016 - https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ve alcohol use) among various stakeholders (e.g., community coalitions, state and local officials, law enforcement personnel). B. Increasing the use of evidence-based population level alcohol policies: How can CDC-funded states or communities interested in using an evidenc	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		e-based intervention (e.g., regulating alcohol outlet density, or other strategy recommended by the Community Preventive Services Task Force for preventing excessive alcohol use) reduce barriers and increase facilitators that exist to implementation of the intervention? C. Ensuring	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		implementation that reduces health disparities in alcohol-related harm. D. Determining how planning for successful dissemination and implementation of the intervention needs tailoring based on community characteristics and community expressions of the problem they are interest	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ed in addressing (e.g., excessive drinking, crime, safety, nighttime noise, schools or places of worship near alcohol outlets, alcohol-related health conditions, economy) with the intervention.	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
15 Managing chronic health conditions for persons with Alzheimer's disease and related dementias (ADRD).	•	• Management of chronic health conditions of persons with ADRD to reduce preventable hospitalizations. ○ Providers of personsliving with	• A 2- year multidomain intervention of diet, exercise, cognitive training, and vascular risk monitoring versus control to prevent cognitive decline in at-risk elderly people (FINGER): a randomised controlled trial - https://doi.org/10.1016/S0140-6736(15)60461-5 • Effect of Intensive vs Standard Blood Pressure Control on Probable Dementia (SPRINT-MIND Study) - https://jamanetwork.com/journals/jama/fullarticle/2723256 • Care Interventions for People Living With Dementia and Their Caregivers - https://effectivehealthcare.ahrq.gov/products/care-interventions-pwd/report • Meeting the Challenge of Caring for Persons Living with Dementia and Their Care Partners and Caregivers - https://nap.nationalacademies.org/catalog/26026/meeting-the-challenge-of-caring-for-persons-living-with-dementia-and-their-care-partners-and-caregivers • Reducing the Impact of Dementia in America - https://nap.nationalacademies.org/catalog/26175/reducing-the-impact-of-dementia-in-america-a-decadal-survey • Preventing Cognitive Decline and Dementia: A Way Forward - https://nap.nationalacademies.org/catalog/24782/preventing-cognitive-decline-and-dementia-a-way-forward

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		hADRDneedtobeadequatelyprepareedforrconversat	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ions about the importance of managing other co-mor	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		bidconditions. Whatskills,training,toolsdo	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		providers need to be prepared? How can providers	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		leveragethesseconversationstobemorebroadlyab	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		outmaintainingqualityoflife? Isstigmaof ADR	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		D t h e b a r r i e r ? H o w c a n b a r r i e r s b e r e d u c e d ? ○ L a c k o f	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		chronic disease management programs focused on pe	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		rsonswithADRD.Mostprogramsarefocusedonthege	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		neral population and do not have optionstailored f	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		orpersonsliving with ADRD, have even not had the progra	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		m's fidelity evaluated among persons with ADRD, or	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		lack guidance on when the program is or is not appropriate	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		riate for or this pop ulation. o To what extent are reg	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		iversinincludedinconversationsaboutmanagingot	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		hercomorbidconditions? Docaregiversshavethe	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		necessary knowledge to manage these conditions?	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		How does caregivers' involvement improve compli	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ance and health outcomes? Does managing the peers	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		onlivingwithADRDandco-morbidconditionsleadt	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		o b e n e f i t s i n t h e h e a l t h a n d w e l l - b e i n g o f t h e c a r e g	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		iver?	
16 Prevent and reduce disparities in sudden unexpected infant death (SUID).	• •	A. Using implementation science models and frameworks to develop implementation strategies, increase uptake of evidence-based interventions to improv	• Evidence Base for 2022 Updated Recommendations for a Safe Infant Sleeping Environment to Reduce the Risk of Sleep-Related Infant Deaths | Pediatrics | American Academy of Pediatrics (aap.org) – https://doi.org/10.1542/peds.2022-057991). Interventions include: ○ Developing health messages and educational tools for caregivers ○ Educating health and childcare professionals on safe sleep practices ○ Removing known barriers to safe sleep practices (e.g., providing free or reduced cost cribs for families) ○ Identifying and addressing cultural and social practices that are unsafe (e.g., by holding safe-sleep baby showers) ○ Implementing legislative and regulatory supports (e.g., requiring SIDS risk reduction training for licensed childcare providers) ○ Communication campaigns

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		e safe sleep practices, including addressing barriers, and enhancing facilitators. ○ Implementation outcomes of inte	○ Messaging delivered during WIC program visits and home-visiting programs ○ Hospital-based quality improvement initiatives and collaboratives

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		restinclude: Acceptability, appropriateness, f	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		easibility, cost, and/or sustainability. B. Using implementation science models and	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		frameworks to ensure that disproportionately impacted communities are reached by implementation strategies, and that the interventions are acceptable, appropriate, feasible, and/or sustainable in disproportionately impacted communities. ○ Engage	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ment from disproportionately impacted population	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		nsarerequiredinallstagesofimplementationand	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		evaluation, including planning of intervention a	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ndresourcedevelopment,anddeterminingifthere	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		are cultural or linguistically adaptations to support	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		uptake. C. Assessing impacts of increasing safe sleep practices on SUID rates with a focus on reducing disparities in SUID death rates among disproportionately impacted populations.	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
17 Increase commercial tobacco cessation among person living in the United States who currently use commercial tobacco products.	American Indian (AI)I/ Alaskan Native (AN) adults LGBTQIA+ youth and young adults.	• Using implementation science framework and models to identify the cessation needs of the AI/AN adult community and implementation of culturally appropriate cessation service/ program specific to AI/AN adults 18 years old or older • Implementation of evidenced-based	• U.S. Department of Health and Human Services. *Smoking Cessation*. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020. Smoking Cessation: A Report of the Surgeon General (hhs.gov) • Reducing Tobacco Use | The Community Guide • Tobacco Control Interventions | Health Impact in 5 Years | Health System Transformation | AD for Policy | CDC • Cessation access strategies, such as comprehensive insurance coverage for evidence-based cessation treatments; integration of tobacco screening and treatment into routine clinical care; and quitlines, which are highly cost-effective. For more information on cessation access, please see Reduce Tobacco Use | 6|18 Initiative | CDC. • Evidence-Based Programs Listing | Evidence-Based Cancer Control Programs (EBCCP) • LGBTQIA+ | Smoking Cessation Leadership Center (ucsf.edu) • Truth Initiative – Tobacco Use in LGBT Communities • SAMHSA – The Center of Excellence on LGBTQ+ Behavioral Health Equity • Campaign for Tobacco-Free Kids – Tobacco use in Lesbian, Gay, Bisexual, and Transgender (LGBT) Communities • NASW Podcast – How Social Workers Can Help People Who Are LGBTQIA+ Overcome Addiction • Addiction Resources for LGBTQIA • Why Substance Abuse is Worse in the LGBTQ Community • LGBTQ+ Tobacco Cessation (wv.gov)

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		cessation program/interventions adapted or tailored for AI/AN adults who use commercial tobacco products. • Using implementation science models and frameworks to develop implementation strategies that will increase uptake of evidence-based interventions and enhanc	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		e facilitators for the prevention and cessation of commercial tobacco products among LGTBQIA+ youth and young adults. ○ Strategies to facilitate b	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		arrier-free, affirming, and culturally tailored	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		carethatpreventsinitiationofcommercialtobac	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		coproductsandincreasedaccesstoccessationserv	

CRP Categories	Population	Implementation Science Gaps	Evidence-Base Interventions (EBIs)
		ices.	

Appendix 2

Appendix 2 – DP-24-004 Annual Action Plan Guidance

Guidance for Developing an Annual Action Plan

The Annual Action Plan should reflect activities proposed for the first 12-month budget period. It should include the PRC Center Component activities, PRC Core Research Project Component activities, and the PRC Network Component activities as listed in the NOFO. The Action Plan should not exceed 20 pages.

For each PRC Center Component, PRC Core Research Project Component, and PRC Network Component activity provide the following:

- Expected outcomes (Intermediate-term, short-term)
- Proposed 5-year Project Period Goal
- Annual Objective
- Annual Activities for each Annual Objective (per component)
- Measure of Success
- Data Source
- Completion Date of the activity
- Person responsible for the activity

Current Action Plan Template

Planning Period: 12-month Budget Period

Elements with definitions:

- *Outcomes:* Outcomes should align with the proposed outcomes in the NOFO and be accomplished during the project period.
    - Intermediate-term outcome - Intermediate-term outcomes are the changes or benefits of the projected that are expected to occur if the project period goal is achieved.
    - Short-term outcome - Short-term outcomes are the changes or benefits that are expected to occur if annual objectives or the project period goal are achieved.
- *Proposed 5-year Project Period Goal:* An outcome statement that defines the intended accomplishments over the five (5) year project period. Project period goals should be achieved during the project period. Write each goal in a SMART format so that the desired outcome is clear. See SMART definition below.
    - Develop one goal for each of the four PRC Center Component activities
    - Develop one goal for each for each of the five PRC Research Project Component:
    - Develop one goal for each of the three PRC Network Component activities:
- *Annual Objective*: An objective that supports the completion of the project period goal and outcomes. The objective should cover a 12-month budget period and be written in SMART format so that the desired objective is clear. The objective should describe what will be accomplished as a result of specific activities during the annual reporting period. Objectives should not be activities or tasks. See SMART definition below. Write one annual objective for each goal.
- *Annual Activities for each Annual Objective (per component):* Actual events or actions implemented to achieve a specific annual objective goal and the outcome. List three (3) to five (5) high-level activities. These activities may include multiple tasks, do not list individual tasks. It should be clear that activities will lead to successful completion of the objective and that activities will be completed prior to the end of each annual reporting period.
- *Measure of Success:* Measurable or observable element that serves as markers for program performance and attainment of goals. Measures should contain a numeric value or clearly observable behavior.
- *Data Source:* Describe the source that will be used to provide the Measure of Success.
- *Completion Date of the activity*: The actual or anticipated complete date of an activity. The date reflects a progressive timeline leading to completion of all associated activities. **Do not list an arbitrary date such as the end of the budget period.**
- *Person responsible for the activity:* Person (s) who will oversee the activity, provide necessary evidence of completion, and attainment of measure of success.

NOTE: Technical Assistance will be provided on action plans post award to ensure objectives and activities are aligned with the activities and outcomes of the NOFO.

SMART format:

S = Specific: An objective or goal should be precise and should focus on a single result. A specific objective answers the questions, who, what, where, when, and how.

M = Measurable: An objective or goal should include specific criteria or measures that indicate whether the objective has been met. A good measure answers the question, “How will we know if we have accomplished the objective?”.

A = Achievable: An objective or goal should be attainable and within reach.

R = Realistic: An objective or goal should be realizable given the time, resources, and activities proposed and available.

T = Time-bound: An objective or goal should include the date it will be started and the date the center expects to complete it.

NOFO Section: PRC Center Component 1. Establish and maintain a PRC infrastructure to conduct applied prevention and health promotion public health research				
Intermediate-term Outcome:				
Short-term Outcome:				
Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Measure of Success**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
1.4				
1.5				

NOFO Section: PRC Center Component 2. Engage the Community Advisory Board (CAB) and other partners to inform all prevention research projects.				
Intermediate-term Outcome:				
Short-term Outcome:				
Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Measure of Success**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
1.4				
1.5				

NOFO Section: PRC Center Component 3. Build Capacity to conduct prevention research				
Intermediate-term Outcome:				
Short-term Outcome:				
Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Measure of Success**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
1.4				
1.5				

NOFO Section: PRC Center Component 4. Communication information about PRC activities to intended audiences.				
Intermediate-term Outcome:				
Short-term Outcome:				
Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Measure of Success**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
1.4				
1.5				

NOFO Section: PRC Core Research Project Component 1. Engage community members throughout the research project.				
Intermediate-term Outcome:				
Short-term Outcome:				
Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Measure of Success**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
1.4				

1.5				

NOFO Section: PRC Core Research Project Component 2. Develop and sustain partnerships with national, regional, state, and/or local organizations to carry out the core research project, including at least one partnership with a state, local, tribal, or territorial health department.				
Intermediate-term Outcome:				
Short-term Outcome:				
Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Measure of Success**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
1.4				
1.5				

NOFO Section: PRC Core Research Project Component 3. Conduct and complete one (1) D&I PRC core research project.				
Intermediate-term Outcome:				
Short-term Outcome:				
Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Measure of Success**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
1.4				
1.5				

NOFO Section: PRC Core Research Project 4. Disseminate the PRC core research project's approaches, methods, tools, products, lessons learned, and findings to community, public health practitioners, and academic audiences.				
Intermediate-term Outcome:				
Short-term Outcome:				
Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Measure of Success**	**Data Source**	**Completion Date**	**Staff Responsible**

1.1				
1.2				
1.3				
1.4				
1.5				

NOFO Section: PRC Core Research Project 5. Translate the PRC core research project to facilitate adoption and implementation of EBIs into public health practice.				
Intermediate-term Outcome:				
Short-term Outcome:				
Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Measure of Success**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
1.4				
1.5				

NOFO Section: PRC Network Component 1. Participate in PRC Network activities including but not limited to, workgroups/committees, meetings, and conferences to share information, resources, and inform network-wide decisions.				
Intermediate-term Outcome:				
Short-term Outcome:				
Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Measure of Success**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
1.4				
1.5				

NOFO Section: PRC Network Component 2. Collaborate with PRCs in the network to advance PRC core research projects and other PRC projects (as appropriate).
Intermediate-term Outcome:
Short-term Outcome:
Project Period Goal (5-Year):
Annual Objective (12-month Budget Period):

Annual Activities	Measure of Success	Data Source	Completion Date	Staff Responsible
1.1				
1.2				
1.3				
1.4				
1.5				

Appendix 3

RFA-DP-24-004 NOFO Glossary

CAB capacity - The infrastructure, knowledge, skills, relationships, and motivation of CAB members (organizations and individuals) to support and drive prevention research to address community public health problems.

Capacity building – Any activities (e.g., training, technical assistance, identification of alternative resources, building internal assets) that build durable resources and enable the recipient setting or community to continue the delivery of an evidence-based intervention after the external support from the donor agency is terminated.

Center communication products - Any tool, resource, material, or other outputs that are developed with the primary purpose of promoting the center, including skills, knowledge, expertise, or products.

Center communication - Promotion of center skills, knowledge, areas of expertise, or products through various communication channels to multiple audiences.

Collective impact approach - An intentional way of working together and sharing information for the purpose of solving a complex problem. For the PRC Network, that means the intentional collaboration of PRC Network members to use their combined influence and expertise to advance health-equity-focused public health prevention research, policy, and practice that reduces or eliminates disparities in chronic disease outcomes in the U.S. population

Collective impact - The outcome that an impact network seeks by undertaking a collective impact approach, i.e. a public health, social, or environmental change. Collective impact initiatives typically implement five conditions that are associated with their relative success. Among other activities, impact networks seeking collective impact adopt a network mindset, clarify purpose and principles, and build trust.

Common agenda - Establishing a common agenda is one of five conditions of Collective Impact. Defined as: For the PRC Network the Common Agenda should outline long-term collective impact goals and prioritize feasible strategic objectives to be pursued during this NOFO's five-year funding cycle.

Communication channel(s) - The systems of methods used for communicating messages with target audiences. Communication channels can refer to the methods used to communicate as well as the specific tools used in the communication process.

Communication(s) - The process of sending and receiving messages and/or information through verbal or nonverbal means, including speech, or oral communication; writing and graphical representations (such as infographics, maps, and charts); and signs, signals, and behavior to inform individuals about health care facts and best practices, with the aim of improving health outcomes and enriching personal and community behaviors and public health practices.

Community - A group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action.

Community Advisory Board (CAB) - "Community Advisory Boards (CABs) comprise community members who share an identity, geography, history, language, culture, or other characteristic or experience and convene to contribute community voice to an initiative, program, policy, or project. CABs are part of a larger project team that includes internal and external members of the defined community" (Arnos, Kroll, Jaromin, Daly, & Falkenburger, 2021).

Community-based participatory research (CBPR) - a collaborative approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research process. The partners contribute unique strengths and shared responsibilities to enhance understanding of a given phenomenon and the social and cultural dynamics of the community and integrate the knowledge gained with action to improve the health and well-being of communities.

Community capacity - The assets that enable a community's ability to identify, mobilize, and address social and public health problems (i.e., public health problems that PRCs and CABs are addressing in the current cycle). Assets include, but are not limited to, infrastructure, institutions, jobs, and funds; relationships, trust, and social connectedness; and knowledge, skills, and motivation.

Community engaged research - a process that incorporates input from people who the research outcomes will impact and involves such people or groups as equal partners throughout the research process. This involvement may include co-designing research questions to solve problems, making decisions, influencing policies, and creating programs and interventions that affect their own lives.

Community engagement - Community engagement (CE) works collaboratively through the bidirectional exchange of information and expertise between researchers and community members. Community engagement is grounded in the principles of community organization: fairness, justice, empowerment, participation, and self-determination. Community Engagement is fundamental to the success and relevance of the core research project (CRP) and Center activities outlined in this NOFO. PRC will use the Community Engagement approach to identify and address critical gaps in public health science, health equity, and health disparities in underserved communities.

Community health assessment - An assessment that identifies key health needs and issues of a community through systematic, comprehensive data collection and analysis, which includes community voices through qualitative and other methods of engagement.

Community Health Workers (CHWs) - A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

Community of focus - The specific community among the priority population who the PRC project will engage in their core research and center projects. A community of focus will typically, but not always, be bound to a specific geographical location, close to the PRC in question. Any one PRC may have more than one community of focus.

Cross-Sector Partnerships - Formal and informal partnerships where parties from the government, nongovernmental, private, nonprofit and/or for-profit sectors are collaborating toward a common goal and aiming to maximize the impact of available resources.

Determinants of health - Factors which influence the health status of an individual and/or a population are called determinants of health. They may be categorized in several groups such as the genetic or biological causes and predisposition of disease, mortality, or disability; the behavioral aspects of disease and illness (choices, lifestyle, etc.); the cultural, political, economic, and social aspects of disease and illness; the environmental aspects of disease and illness; the policy aspects of disease and illness; and the individual and response to all of the above.

Dissemination and translation plan - A detailed approach which describes the anticipated strategies and activities undertaken to put research findings and translation products into public health practice.

Dissemination products - Any tool, resource, material, or other outputs that are developed with the primary purpose of sharing scientific findings or research results with community, practice, and academic audiences.

Dissemination research - the systematic study of processes and factors that lead to widespread use of an evidence-based intervention by the target population. Its focus is to identify the best methods that enhance the uptake and utilization of the intervention

Dissemination - A purposeful and facilitated process of distributing research findings, information, and tools to community, practice, and academic audiences, organizations and individuals who can use them to improve health.

Dissemination and implementation (D&I) science - the study of the processes and factors that are associated with the successful integration of EBIs within various settings.

Drivers of health - The conditions in which people live, work, play, and pray that can be health promoting or health deleterious.

Effectiveness research – Research to determine the extent to which a specific intervention, when deployed in real-world settings, achieves the intended effects or outcomes.

Efficacy Research – Research to determine whether an intervention produces the expected result under ideal circumstances.

Etiological Research – A study that aims to determine a causal relationship.

Evaluation plan - A dynamic document based on the CDC Evaluation Framework that describes the purpose, use, and users of the recipient's process and outcome evaluation of the core research project CAB. In addition to evaluation questions and methods, it describes the community engagement approach (i.e., the "program" being evaluated) stakeholder engagement, and dissemination and use of evaluation findings.

Health disparity - A known difference in health outcomes or drivers of health between groups of people

Health equity - The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Health inequity - A health disparity that is systematic, unfair, and avoidable. Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to power, opportunities, resources, and/or medical care, treatment, and medicines.

Implementation – The process of putting to use or integrating EBIs in a setting.

Implementation outcomes - The effects of deliberate and purposive actions to implement new interventions (programs, practices, policies) and are distinct from program and participant outcomes.

Implementation research - The scientific study of the use of strategies to adopt and integrate evidence-based health interventions into clinical and community settings to improve individual health outcomes and benefit population health.

Implementation science – The study of methods to promote the adoption and integration of evidence-based practices, interventions, and policies into routine healthcare and public health settings to improve our impact on population health.

Implementation strategy - The processes or methods, techniques, activities, and resources that support the adoption, integration, and sustainment of EBIs into usual settings.

Institutional, structural, or systematic racism - The practices, policies, and laws that perpetuate racial/ethnic disparities, uphold, and privilege dominant groups, and serve to the cumulative detriment and harm of persons of color, keeping them in negative cycles of disadvantage while creating advantages for those in the dominant culture. Racism additionally occurs on individual and interpersonal levels that are also important to address. However, PRC research projects focusing on racial/ethnic disparities should privilege solutions to its structural manifestations since the goal of race/ethnicity entailed research is “to expose the harmful impacts of structural racism on health and assess the beneficial impacts of anti-racist” research, practices, and policies.

Intersectionality - The interconnected structures and systems that create inequality among people and populations based on social categories of difference (such as race, class, and gender).

People with disabilities - The term disability represents a diverse group of individuals who share the experience of living life with significant limitations in cognition, mobility, hearing,

vision, communication, or mental/emotional functioning. Anyone, children, women, and men of all ages, races and ethnicities, can experience disability at any time in their lives.

Practice tools - A device, instrument, or product that aids the strategic application of public health skills and expertise in the delivery of public health services and other activities geared towards improving and promoting the health of the population.

PRC capacity - The infrastructure, funding, resources and knowledge, experience, skills, motivation, and abilities required to engage communities in applied prevention research and to provide training, technical assistance, and mentorship within the PRC and community.

PRC Network members - The group of individual academic research centers (recipients) funded under this NOFO. Additionally, CDC as the funding agency is included as members of the PRC Network.

PRC Network - The collection of PRC Network members who collaborate to achieve collective impact in health-equity-focused public health prevention research, policy and practice. The PRC Network is intended to operate as an impact network, which is defined as a web of relationships connecting people and/or things that seeks to address public health, social, or environmental issues. This type of network brings individuals and organizations together for learning and coordinated action, based on a shared purpose, such as collective impact, in a transformational way of working together across boundaries through a collaborative infrastructure for a more equitable, interdependent world. Cross-PRC collaborations and relationships (and those between PRC and CDC members) that drive collective activities, outcomes and impact health-equity-focused public health prevention research, policy and practice.

Priority Population - The group experiencing the disparities in drivers of health or health outcomes being addressed by the PRC's core research project.

Program evaluation - The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development

Program Evaluation Reporting System (PERS) - A system to collect and analyze recipient activity, output, and outcome data for PRCs and the PRC Network for the purposes of program monitoring and evaluation.

Program monitoring - The collection of information on inputs, activities, and outputs as outlined in the NOFO to support program management, accountability, and improvement efforts

Racism - Systemic prejudicial and discriminatory actions based on the idea that one race/ethnicity is superior and other racial/ethnic groups are inferior. It includes the systematic subjugation and oppression of members of certain racial/ethnic groups who have traditionally held less socio-political power to uphold the racial/ethnic majority group's norms and ideals.

Root causes of health disparities - The fundamental causes of the disparities in the drivers of health and health outcomes between groups.

Scalability - The ability of a health intervention shown to be efficacious on a small scale and/or under controlled conditions to be expanded under real world conditions to reach a greater proportion of the eligible population, while retaining effectiveness.

Social determinants of health - Determinants of health in the environments, in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Technical assistance - Technical assistance is an array of supports including advice, recommendations, information, demonstrations, and materials provided to assist the workforce or organizations in improving public health services.

Training - Training for the public health workforce includes the provision of information through a variety of formal, regular, planned means for the purpose of supporting the public health workforce in maintaining the skills, competencies, and knowledge needed to perform their duties, successfully.

Translation framework - A basic conceptual structure that describes and depicts the high-level processes necessary to move from discovery into action through translation of evidence-based programs, practices, or policies that is used to guide planning for translation activities (e.g., Knowledge into Action Framework).

Translation products - Any tool, resource, material, or other outputs, including research and practice tools, that are developed with the primary purpose of enabling public health practitioners to adopt, implement, or scale-up EBIs

Translation - The process and steps needed or taken to ensure effective and widespread use of science-based programs, practices, and policies.