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DIALOGUE4HEALTH

“Strengthening the Community Prevention Landscape: New CDC Grants and the Road Forward”

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>> Star Tiffany: Hello and welcome to "Strengthening the Community Prevention Landscape: New CDC Grants and the Road Forward." My name is Star Tiffany and along with my colleague, Holly Calhoun, we will be running today's Web forum. Closed captioning will be available throughout today's Web forum. Jennifer from Home Team Captions will be providing realtime captioning.

The closed captioning text will be available in the Media Viewer panel. The Media Viewer panel can be accessed by clicking on an icon that looks like a small circle with a film strip running through it. On a PC, this can be found in the top right-hand corner of your screen. And on a Mac, it might be located in the bottom right-hand corner of your screen.

In the Media Viewer panel, go ahead and click on the show/hide header and that will give you a little bit more room in there to read what Jennifer is captioning for us.

Please click on this in order to see more of that live captioning.

During the Web forum, another window may cause the Media Viewer panel to collapse. Don't worry, though, you can always reopen the window by clicking on the icon on the top right-hand corner that looks like a small circle with a film strip running through it.

If you experience technical difficulties during this Webex session, please dial 1-866-229-3239 for assistance. Go ahead and take a moment to write that number down in case you do have problems. The audio portion of the Web forum can be heard through your computer speakers or a headset plugged into your computer. If at any time you are having technical difficulties regarding audio, please send a question in the Q&A panel and Holly and I will provide the teleconference information to you.

Once the Web forum ends today a survey evaluation will open in a new window. Please take a moment to complete the evaluation as we need your feedback to improve our web forum. The recording and presentation slides will be posted to our Web site at www.dialogue4health.org. Again, that's on screen for you as well.

If you would like to connect with us on Twitter and Facebook, our handles are on the screen now and that's @Dialogue4Health.

We encourage you to ask questions throughout today's presentation. To do so, just click on the question mark icon, type your question in and hit send. Please send your questions to all panelists. We will be addressing questions both throughout and at the end of the presentation.

We will also be using the polling feature to get your feedback during the event. Holly, can you open poll one for us?

Please select your answer from the available choices and click the submit button.

Are you attending this Web forum individually, in a group of 2-5 people, in a group of 6-10 people or in a group of more than 10 people?

This is just a reminder how you get the Media Viewer panel back up.

It is my pleasure to introduce our moderator for the day, Matthew Marsom, as vice president for public policy and programs for The Public Health Institute. Matthew works to advance and support the work of the organization's domestic and global health programs, identifying opportunities to strengthen program impact and promote cross-program collaboration. Matthew is also responsible for designing and implementing strategy for monitoring and influencing public policy, legislation, and regulations affecting PHI projects and public health policy relevant to PHI interests.

Matthew, please go ahead.

>> Matthew Marsom: Thank you so much, Star. Just a mental note, I really have to update that picture.

Thank you, everybody, and welcome to the next in our series of this Dialogue4Health Web forum, "Strengthening the Community Prevention Landscape: New CDC Grants and the Road Forward." We are so thrilled we have an excellent panel today to join us and to talk about this really important topic area. I want to acknowledge and thank our sponsors for today. The American Public Health Association, APHA, of course,

you are all familiar and I hope many of you are packing your bags ready to go to the annual conference which begins this weekend, Public Health Institute, Prevention Institute and Trust for America's Health. We are grateful for that your leadership and pulling together this Web forum.

I'm thrilled we have such an incredible group of presenters today to talk about this important topic. I'm going to briefly introduce them and then we will have another opportunity to view their bios as each of them present today. First, Dr. Ursula Bauer, the director of the National Center for Chronic Disease Prevention and Health Promotion at the CDC. Dr. Bauer is the director, a position she assumed in 2010. And in that role, she sets the strategic direction for the center's "Winnable Battles" of tobacco use prevention, improved nutrition, and physical activity and prevention of teen and unintended pregnancy as well as key priorities related to the leading causes of death. Thank you very much, Dr. Bauer.

Jill Birnbaum is the vice president of state advocacy and public health at the American Heart Association. She is an advocate for nutrition, tobacco control, and healthcare reform policy and has worked at the federal, state, and local levels. After beginning locally in Minnesota, Jill is now the vice president at of state advocacy and public health at the American Heart Association. And her grassroots experience combined with her national role provide a unique insight into public health policy at all levels of government. We are thrilled you can join us today.

Daniella Gratale is a senior manager at Nemours. There in her role as the senior manager of advocacy in their office of child health policy and advocacy. And in this role, she shapes and advances Nemours' federal policy agenda through engagement with Congress and, of course, national partners. Key areas of focus include healthcare innovation, obesity prevention, biomedical research and population health. Prior to joining Nemours, she served as manager as a non-profit organization. We'll talk about in a moment when we hear from Sue how she informed congressional staff about public health issues and advocated for health system reform.

Next is Giridhar Mallya, Dr. Giridhar Mallya, who is the director of policy and planning at the Philadelphia Department of Public Health. He has been director of policy and planning for that department since October 2008. And in this position, Dr. Mallya helps to define public health priorities for the city, coordinates the research activities and works with key leadership including the Board of Health to set policies and develop regulations. He also leads the department's Get Healthy Philly, tobacco control and obesity prevention initiatives. We are thrilled you can join us today.

Last, but not least, two speakers who are very familiar to us here and instrumental in organizing and pulling together this Web forum, the first is Sana Chehimi who is the program director of Prevention Institute and staffed in their Washington, D.C. office where she directs projects that advances momentum and understanding of community, prevention practice. She is co-editor of "Prevention is Primary: Strategies for Community Wellbeing," one of the first academic texts on primary prevention published in 2007. And we are thrilled that, Sana, you are here again today.

And Sue Polis, director of external relations and outreach for Trust for America's Health. She is responsible for advocacy outreach efforts in support of the organization's public policy goals. Prior to joining TFAH, Sue works on security related advocacy and activities also including the coordination of the Robert Wood Johnson Foundation and prior to joining TFAH, Sue was the first director for the grassroots advocacy for American Heart Association.

We are thrilled to have you today. Our panel will provide us great insight on this topic. I want to provide a resource page. It is really important you can access this information. All the slides will be available to download, I just want to acknowledge that you can access the information from APHA, Trust for America's Health, PHI and do mention we have online the entire archive of Dialogue4Health Web forums from the slides and all of the audio from our prior Web forums. We have been doing these now since 2009, so there is a tremendous resource available to you on the Dialogue4Health Web site. So I encourage you to read that as

well, of course, as well as other resources on PHI's Web site and Prevention Institute. Check those out.

Let's move forward on the content. Really critical topic area today. We are going to learn about the goals for the new CDC funds and grants that have been made available so we will use from Ursula Bauer about the new goals for the grants from the CDC. We will discuss strategies and efforts to continue building a system of prevention and community-clinical integration and we are going to review new grantees initial plans including robust communication to key audiences and ways partners can engage in the work and continuing importance of public/private partnerships.

I will acknowledge there are many of you not currently receiving funds from these new grants, and that doesn't mean that you don't have an important role to play. We will be hearing from our panel how it's vital that we have partnerships at the community level and nationally as well so that we can engage in the work together and also advance this common work so we can see additional funding flow out in the future. We will hear more about that in today's forum.

Now, I will bring up the second poll. It is important that we have an opportunity to hear from you, our audience. Please do respond to poll 2. If we can please bring that up on the screen. It is on the right-hand side. Please do identify are you a recipient, are you a partner or subgrantee, are you interested in partnering or other. It is really important that we hear from you. You've got about another minute to go, minute and 15 seconds to respond. If you are interested in partnering, you can also provide that information in the Q&A as well so that we can connect you with people in your community and also provide you with resources about how you can engage if you are not directly funded yourself. So please submit your poll response as soon as you can.

Just a reminder again here's the information on the Q&A feature. You can do that again on the right-hand side of your screen, open up the tab and also closed captioning so you can access that through the Media Viewer if you have any reasons why you might like to view the closed captioning.

With that, it is now my pleasure to introduce again one of our first speakers and our panelists, Dr. Ursula Bauer, with the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control. Ursula, over to you.

Ursula, are you there? You might be muted.

Dr. Bauer, is anyone else having a problem hearing Dr. Bauer?

>> Yes.

>> Matthew Marsom: There you go. Go ahead.

>> Star Tiffany: Dr. Bauer, are you muted on your phone?

>> Ursula Bauer: Hello?

>> Star Tiffany: Hi, we can hear you now. Great.

>> Ursula Bauer: Thank you. Thanks, everyone. Thank you, Matthew, for that introduction and thanks, everyone for the opportunity to spend some time with you this afternoon speaking about what I think are some very exciting programs that the CDC has launched this fall.

Even as we mourn the loss of the community transformation grants, we are looking forward to the opportunities ahead of us and feel that we're in a strong position to advance community health with our new programs and with our mix of prevention in public health funding and other agency funding.

So we do hope that we will never have to release six funding opportunity announcements again simultaneously, but we are, in fact, grateful for the opportunity that having to do that afforded us because it really allowed us to think about how our programs are interrelated and helped us invest a critical mass of resources in a coordinated way to advance some key overarching goals.

So each of the six funding opportunity announcements -- and now, of course, they're all programs that we are getting up and running. Each of these contributes to the nation's chronic disease prevention and health promotion efforts. All of them address one or more of the leading risk factors for the major causes of death

and disability in the U.S. That's tobacco use, poor nutrition and physical inactivity. And many of them additionally address some of the health system improvements and the community supports that help Americans manage their chronic conditions.

So together these six new programs form a mutually reinforcing set of activities that are deployed with sufficient power and we hope are designed to achieve the overall goals of reducing those major risk factors and the chronic diseases themselves.

And all of those new programs involve partnerships, partnerships at the national level, the state level, the local level because, of course, public health cannot solve these programs alone.

I do want to stress that the new programs do build on CDC's nearly 15 years of experience, building and refining our healthy community's approach. Most of the new programs require a multisectoral approach, multisectoral leadership teams and coalitions. And all of them, either wholly or in part, address community health specifically and take that policy systems and environmental change approach to maximize public health impact. So we're building on our experience with community transformation grants, with communities Putting Prevention to Work, than then with our steps to a healthier U.S., our racial and ethnic approaches to health and our achieve program and partnering for healthy communities.

All of these six new programs are focused on the same three goals. While they all have a unique role to play, they're all driving toward a shared set of outcomes, reducing the prevalence of obesity, reducing the rates of death and disability due to tobacco use, and reducing the rates of death and disability due to diabetes, heart disease and stroke.

So let me go into a little bit more detail with regard to the six new cooperative agreements. As I said, individually each new program contributes uniquely to those three goals by working through unique awardees such as state health departments or national organizations, by delivering interventions to unique populations such as racial and ethnic minorities, populations with very high obesity rates, for example, or by emphasizing specific interventions, for example, health system improvements or environmental approaches by implementing interventions in specific places. So we fund large cities. We fund tribes as examples.

And, finally, by addressing specific risk factors or disease management or a combination of the two. So, for example, tobacco use or obesity or high blood pressure.

So the six new programs are listed for you on this slide. They include a comprehensive approach to good health and wellness in Indian Country and that fund programs tribes and tribal organizations to implement a coordinated and more comprehensive portfolio of chronic disease prevention and health promotion efforts targeted at upstream risk factors and disease management.

I should point out that in addition to the 11.3 million going to those 22 awardees, we're also investing an additional \$2 million in our tribal epidemiology centers to support the epidemiology and evaluation work of that program.

Next you see state and local public health actions to prevent obesity, diabetes and heart disease. That program positions are state our state to lead major community improvement efforts that intensively deliver health system and community supports in communities and create or strengthen those healthy environments in communities. This particular program where we've funded 21 awardees for almost \$70 million is one where we do have an opportunity to subawards. So the 17 state awardees for this program will be subawarding about half of their dollars out to local communities.

The partnerships to improve community health is the latest iteration of our healthy communities work. This is where we work at the community level supporting local government agencies and non-governmental organizations to create or strengthen healthy environments that make it easier for people to make the healthful choice and to take charge of their health. We have almost \$50 million invested there and almost 40 new partners that we'll be working with.

The racial and ethnic approaches to community health focuses on racial and ethnic communities

experiencing health disparities and supports both capacity-building work and implementation of policy system and environmental improvements to improve health and specifically narrow the gap in health status.

And with the new REACH program, we have close to 50 awards totaling about \$35 million. The national implementation and dissemination program for chronic disease prevention supports some of our community health work. This program harnesses the networks of national organizations to reach deeply into smaller communities and communities with perhaps less capacity in order to strengthen their ability to improve healthy environments and to improve the health of their residence. We have five awards there, about \$10 million.

And then the last program is our program to reduce obesity in high obesity areas. We have six awards there funding a new partner which is land grant universities working through their cooperative extension agencies to work in rural areas on obesity prevention and associated risk factors, specifically poor nutrition and physical activity. And those awardees will be focused on the community setting or on the early care and learning setting. So we have a terrific cadre of new programs on the street that we are working to implement now.

I do want to say if you are doing the math, you're likely coming short on that \$212 million by about \$33 million. And that's because that \$33 million was invested in an existing cooperative agreement that we call state public health actions to address diabetes, heart disease, nutrition, physical activity and school health. That is a program we put in place a year ago -- a year and a half ago. And we fund all 50 states and D.C. with that program. So with the new funding that we've invested this year, we're able to expand that existing program which aligns very nicely with the six new programs.

So on the map, you see a visual depiction of the 193 awards that we made at the end of September. Taken as a whole, these efforts all work together from smaller communities to state-level initiatives to implement a coordinated and more comprehensive approach to reducing chronic diseases and increasing opportunities for Americans to improve their health.

On the ground, we see almost 200 discrete programs working independently to improve the health of the residents of their jurisdiction. But at the 30,000-foot level, what we see and what we're hoping to achieve is a critical mass of resources invested in a cohesive set of mutually reinforcing activities. Hundreds of grantees all driving toward the same overarching outcomes.

You can see that we have a fairly good distribution across the country. There are certainly some gaps and some areas that we're particularly successful. I will point out also that we did make all of our awards in rank order of score. We didn't have any exceptions to that. And I personally was very impressed with the very high scoring applications, high-quality applications that we have received across the six funding opportunities.

We have well over \$300 million worth of approved but unfunded applications. So a lot of really good work that could be done across the country with additional resources.

We do have our work cut out for us as we begin implementation of these new programs. We are finalizing budgets and work plans. We're engaging partners at the local, state and national level; strengthening coalitions and adapting the evidence base to particular locations and cultures.

We are all keenly aware of the focus on impact and the expectations that the actions that we implement during the cooperative agreement period will actually improve health measurably over the longer term. And we're fine-tuning our communication strategies both within the center and across our grantees. We know that growing these portfolios and expanding these programs, bringing them to scale, if you will, across the country will require a constant drum beat on what we're doing, what we're achieving, how effectively we're working in locations across the country in every state and how we're actually impacting the disease rates that we're trying to reach.

And I would say that all of this new activity is layered on top of our existing portfolio of work, including, of course, our tobacco use prevention and control work, our cancer prevention and control work, a

host of other related work that together really puts us in a strong position collectively to achieve that measurable impact on population health.

So I turn it back to you, Matthew.

>> Matthew Marsom: Thank you very much, Dr. Bauer. I really greatly appreciate your time today and the presentation. I do hope you are able to stay until the end.

As we now look at the thinking about how these funds are distributed across the country, there are, as you mentioned, many people who were in that category of high scoring applications but not funded and there are many others in the community that have a critical role to play.

I wondering if you could perhaps speak to whether or not CDC would be able to put up an interface or perhaps engage in other efforts to help non-funded organizations and community partners connect with the funded grantees in their communities.

>> Ursula Bauer: Yeah, that's a great question. And we're always looking for opportunities for our funded partners to reach out and engage other partners in the community, other partners that may not have funding or other partners that have funding from other sources and are doing similar work.

So we've been talking with our state and local health department colleagues, not just related to these programs but generally. How do we understand the landscape of what's going on in our jurisdiction and how do we tap into the energy and the activity that are all driving toward these same community health improvements.

So certainly as we get these programs up and running and attend to the immediate needs of our grantees, we will be helping them and they will be helping us make those connections and engagement opportunities available.

>> Matthew Marsom: Well, that's fantastic. I do want to mention that in California with the leadership and support of the California endowment, there is a learning community that's being established. There was an effort -- similar effort with the community transformation grant program. But now as we look at the grants that are coming into the state of California, we are wanting to ensure that there is a coordinated response from California applicants for the new grants based around shared principles. And, you know, it is really thrilling that a number of organizations, when the leadership with TCE and public prevention health institute, and the State Department of public health coming together -- and also the local county health departments really bring together the community so that all the grantees can be sharing resources. That's a model I hope for other parts of the country and will be willing to share and be happy to -- PHI is going to be the facilitator of that community. And I would be happy to put people who are interested in touch with the point of contact on that learning community so we can share what the success is and how it's being brought together. I'm sure there's a model there for other states and others as well.

>> Ursula Bauer: Matthew, I would add, if I might, that as I understand that model, it kicks in at the application phase. And California certainly had a huge number of very high caliber applications that I think speaks to the coordination that happens within the state and certainly is a model that others will want to follow.

>> Matthew Marsom: Thank you. I also think at one point you made as well which is critical to emphasize, those non-funded partners -- and we recognize the challenges, of course, when there isn't funding available for everybody, but the non-funded community partners including businesses and other community leaders have a critical role as well in sharing the successes that they can see firsthand in the community so they can then share that with decision makers and community leaders at the local level and, of course, at the national level. And so engaging with your non-funded community partners is absolutely vital, and it is a message I think we want to make sure that all of our grantees and non-grantees are hearing as well.

So unless there are other questions from the panel, anyone on the panel wishes to ask Dr. Bauer a question, Dr. Bauer, we hope you can stay on for the remainder of the discussion. We'll have an opportunity for an open discussion and a Q&A momentarily.

In the meantime, if we can, I would like the team to bring up poll number 3 which builds on the presentation we just heard. For both CDC and non-CDC grantees, what types of partners are you working with or planning to work with to sustain your prevention and equity efforts? Please select all that apply. This speaks to the point we're discussing. How are you working with? Education, business, health systems, hospitals and providers, faith-based organizations, housing, transportation, community-based, planning, social services or other. And please do send in, if you are working with other organizations and you want to share those, please do so in the Q&A. If there is someone one that isn't captured by that broad list. The poll is on the left-hand side of your screen. You have 50 seconds left to respond. We would love to hear from you how people are participating and engaging with their partners for both CDC and non-CDC grantees. Please submit your response to that poll if you can.

With that, I'm pleased to introduce the next speaker -- also a reminder, here's the Q&A feature how you can send in your comments and questions in the Q&A and closed captioning.

Now, our next speaker on the panel today, Dr. Giridhar Mallya, who is the director of policy and planning at the Philadelphia Department of Public Health. Dr. Mallya, over to you.

>> Giridhar Mallya: Great. Thank you so much. Thank you to the CDC and all the other organizations that are hosting this great event. I want to talk a little bit today about our work over the past several years and in the several years to come, making use of CDC resources and support to help Philadelphians engage in healthier behaviors.

What we've already heard from Dr. Bauer is that there are many, many factors that impact our health, whether it is the health of individuals or the health of communities. And I think many people outside of public health want to focus on healthcare. Even if we had the best, most equitable highest quality healthcare system in the world, we might only be able to prevent about 10% of premature deaths. 30% of premature deaths can be attributed to our genes. But the remaining 60% is really the bread and butter of public health and it is what we all do. It is helping change social circumstances, people's environmental exposures and really critically their behaviors. And we know that people's behaviors aren't just about their individual decisions, but it is really about the context and environments in which they live.

In Philadelphia when we look at the leading underlying causes of death and disability, it is tobacco use, poor diet and physical inactivity. So we're the fifth largest city in the country. We're also the poorest of large cities in the U.S. And we see that these very complex behaviors lead to over 4,000 deaths per year, and over \$1 billion in productivity loss and healthcare costs.

We have taken to heart CDC's guidance, particularly under the leadership of our current and former health commissioner and under our mayor, Michael Nutter. And that's really to change the context. And that might be a particularly unique role that government can play.

Another way of thinking about this is really helping make healthy choices the default, making those things very easy for people to engage in, maybe even without thinking about it. Classic example of this are laws that make bars, restaurants and workplaces smoke-free. We can see within a year of passing these types of laws that there's a measurable reduction in the number of heart attacks. So that's not something that happens in 10, 15, 20 years. That happens literally within a year. It is that type of contextual change that we really tried to further here in Philadelphia.

Our initiative focused on tobacco, diet and physical activity, locally it is called Get Healthy Philly. As you will see here, so much of our work is done through partnerships, both within government. We see this as an administration-wide effort, not just the role of public health agencies but also transportation, planning, schools, public housing. But then we have a series of external partnerships with all the important sectors that can influence people's welfare in their day-to-day lives.

We have been lucky enough to have support from the CDC through many of the programs that Dr. Bauer already referenced, starting with communities Putting Prevention to Work in 2010, then the community

transformation grant and the stroke disease that was focusing on sodium. The dates should be shifted forward. And then most recently the state and local public health action grant. With the tremendous support and guidance we have gotten from the CDC, we have really, really learned a ton from other communities, both communities that have been funded through these support mechanisms but also big and small cities that we might reach out to for ideas, input. And I have to say CDC has been really great in fostering those types of relationships, and we've taken advantage of that as much as we can.

I want to highlight just a couple areas where we feel like we've made some progress but we definitely have some more work to do. In schools, we have seen tremendous changes to the nutrition and physical activity environment. You can see here that this work has really been going on for more than 20 years. Getting kids into the school breakfast and lunch program, setting out and implementing sensible recommendations on the type of food that should be served, not just in cafeterias but also through vending machines and outside of the formal school system to working with teachers, students and principals really to put healthy policies into practice.

We have taken many of those same approaches and through some of our newer awards have extended comprehensive nutrition policies to other environments. So we are now working on -- on all the agencies within the City of Philadelphia that purchase food, in total over 20 million meals are purchased per year by city agencies from a variety of settings, afterschool programs and prisons and programs run by the county. This is a tremendous opportunity to improve the nutritional quality of the foods and meals that are served to very, very vulnerable populations.

What we then hope to do based on our experience with city agencies is take these same strategies to hospitals and health systems in Philadelphia. And that really kind of reinforces this idea that we figure out what works in one environment and we try to adapt it to other environments. We look forward to working with our healthcare partners.

Environments, institutional policies really matter, whether we are talking about nutritional policies or policies around tobacco use. We have been able to extend smoke-free and tobacco-free policies to outdoor spaces like parks. There has been tremendous movement locally with a lot of push from the U.S. Department of Health and Human Services to get more universities to go smoke-free and our housing authority, our public housing agencies really made great strides in moves towards a smoke-free environment.

The built environment is really important in terms of what's -- again, what's available for people. What are the things in their neighborhoods and communities that give them the opportunity to be healthy? Our city was rewriting its zoning code and comprehensive plan for the first time in 50 years. So we worked very, very closely with our planning commission to say: What are all the ways we can promote health through these documents?

And just to give you an example, we found ways that developers could replace, required automobile parking with bicycle parking and this is just one example of literally 70, 80, 90 different health-promoting provisions that we tried to work into the zoning code.

What we're going to do now with some more recent support from CDC is actually take those citywide goals and strategies and actually implement them at the neighborhood level as the city works on finalizing its district or neighborhood plans over the next three to four years.

Our partnerships with small businesses, particularly small food businesses, have been really critical. Oftentimes these partners can see the health department as someone who only regulates them and is trying to make sure they follow appropriate laws, whether they be around food safety or tobacco sales.

We also want to show these small businesses that we're there to help them do well by doing good. Through a partnership with our local Chinese restaurant association, also University and community partners, we've actually been able to engage over 200 Chinese takeout restaurants in pursuing lower sodium meals through training, technical assistance and even just providing some very simple tools and supplies to these

restaurants.

We've seen they have been able to reduce the amount of sodium in two of their most popular meals by more than 30%. If you take a step back, these 200 plus restaurants serve over 3 million meals per year. So this is a way to work with small community partners but do it at scale so we can really see a community-level impact.

Communication strategies have been another critical part of our approach. They're a way to reach a lot of people with important messages that one may increase their knowledge or awareness about an important set of health issues or it could also start changing their behavior, whether it is making another quit attempt or buying a low-salt product. And we have seen tremendous success in engaging people, getting them to make behavioral change, but also continuing to change people's norms and expectations in communities, whether it relates to drinks or smoking or sodium in people's diets.

Insurers and healthcare providers have been also very important partners for us. We started our work focusing on tobacco in terms of coverage and treatment issues, particularly in environments where there are vulnerable populations like in the behavioral health system. We are going to build on this work that's focused on tobacco and really extend it to other important chronic conditions at CDC's direction and think the two of the most important ones will be diabetes and hypertension.

So through recent support, we actually will be working with over 43 practices in Philadelphia that provide care to about 350,000 patients. And we will help lead them through a learning collaborative process to improve the quality and efficiency of the care that they're providing to patients with diabetes and hypertension.

This will not only impact what's happening in practices and in health systems but importantly it will also reinforce connections between the public health system and the healthcare system. And as Dr. Bauer mentioned, we're going to need to see more of those types of partnerships if we truly want to improve health.

I will finish by highlighting some of the progress we've made. This clearly has not just been because of the efforts of our work in the health department or even our direct partners. This has been because of concerted efforts at the local, state and federal levels. We've seen a 15% reduction in smoking among adults over the past four years here in Philadelphia.

We've seen continued declines in youth smoking. 30% decline over the past six years. For the first time in a long time, we finally are not seeing rates of adult obesity go up, and we hope this trend continues.

We reported relatively recently that we've seen 5% reduction in obesity among Philadelphia school children, and based on the most recent youth-risk survey data from 2013, we are also really seeing encouraging trends among older youth, high school-aged youth both in terms of prevalence of overweight and obesity.

So I will just finish by saying I think a lot of our efforts have been successful because of really strong supports and guidance from CDC, great partnerships at the local level, and really trying to focus on this idea of putting in place policy and systems change, changes that give people the opportunity to be healthy. Thanks very much.

>> Matthew Marsom: Thank you so much, Dr. Mallya. And we will have an opportunity to ask some questions of you during the Q&A session at the end of the Web forum. We have some great comments and questions come in on the Q&A for you and also for Dr. Bauer. And we will make sure that we can go back to those during the Q&A. So thank you so much.

Again, the bio will be available, all of the slide information, the audio will be available for Dr. Mallya's presentation as well as Dr. Bauer after the Web forum. So please do go ahead and check that out afterwards.

I'm going to bring up poll 4 now. And if you can on the screen on the right-hand side for both CDC and non-CDC grantees, how are you planning to communicate the plans of your prevention or equity work? Please select all that apply. Again, it is on the right-hand side of your screen. You have approximately 1 minute 15 seconds left. Are you going to be doing meetings with partners, social media, newsletters, one-page fact sheets or other. If there is others, please share in the Q&A on the right-hand side. Again, for both CDC and

non-CDC grantees, how do you plan to communicate the plans of your prevention or equity work? Meetings with partners, social media, newsletters, one-page fact sheets. I'm sure there are many other ways you are sharing and communicating plans for your prevention and equity work. Please do submit your responses on the right-hand side of your screen.

It is my pleasure to introduce the next speaker, Daniella Gratale, with Nemours. Daniella.

>> Daniella Gratale: Hi, I wanted to thank the organizers to have Nemours participate today. We are excited to share our work.

I wanted to start with providing an overview of the community-based prevention work we do at Nemours. I will give you a little background on our health system. So Nemours children's health system is located in the Delaware Valley, and we are also in northern and central Florida. We have two children's hospitals, the Alfred Dupont Hospital in Delaware and Nemours Children's Hospital in Orlando, Florida. We also have specialty care and primary care clinics. Throughout our enterprise, we put a lot of focus on our larger mission of helping children grow up healthy. We employ research, education, advocacy, and a great focus on prevention in order to accomplish that mission.

I wanted to give you a little bit of a sense of the different operating opportunities that we have at Nemours that really are focused on this prevention and health promotion mission. Nemours health and prevention services in Delaware is an operating unit that focuses specifically on improving the health of Delaware's children. That's all children not just our patient population. We believe in a community holistic-based approach.

We have an office co-located in Washington, D.C. and Delaware, that's where I work, focuses on helping children across the country grow up healthy. That's through a focus on both policy work as well as practice change. Nemours also runs KidsHealth.org which is the number 1 most visited Web site for children's health and development. So we are able to do a lot of healthy messaging through KidsHealth.org.

We have a phenomenal early literacy program called Nemours BrightStart and the focus is to provide reading readiness for 4 and 5-year-olds. We have an initiative in Florida that focuses on healthy eating and physical activity in a child care setting.

Really, it is the glue that binds all of this work across the enterprise and all of the various locations, a focus on addressing the upstream determinants of health and a focus on the early years is part of that work as well.

And we do this by working with multisector partners to really try to influence children in the settings where they spend the most time, where they live, learn and play as we put it. A lot of that work does have to do with working in some of the settings like child care and schools.

So I wanted to give a snapshot today of three specific initiatives that we have worked on. Now, this isn't the totality of our work because Nemours does do a lot of things that we fund privately. But today I wanted to focus on some of the federally funded work. And CDC has been a wonderful partner and funder to us. And they have really enabled us to try to make more of an impact in the communities that we serve in our service area as well as communities across the country.

So the first initiative is the community transformation grant which obviously we have heard of CTGs earlier today. We were one of the early community initiative awards in Delaware. And we were able to partner very closely with six school districts from different parts of the state but really targeting those where there was the highest level of poverty. What we worked on with those school systems was the district wellness policy, specifically in the areas of nutrition, physical education, family engagement and social and emotional wellness.

We have had some promising feedback from that. Here are some of the different partners that we work with.

The next initiative I wanted to mention was the national early care and education learning collaboratives.

This is an approach that was similar to some work that Nemours had done with its own funding in Delaware where we worked directly with child care providers to try to help them understand different ways that they could better promote healthy eating and physical activity within their center environments. And we took that model and we were able to help spread and scale some of the key concepts from that model through CDC funding. So we've now had a presence in all the states listed on the slide which we think is very exciting. And that work is also very close collaboration with different partners across the country. Of course, it is the child care or early care education centers themselves. In some states, we are working with health departments and others as early learning coalitions or resource and referral agencies. It doesn't look the same in each state. Really, we tried to figure out who was the best implementing partner to help us achieve the most impact. And even though it doesn't look the same, we've had great success across the country.

We recently had our independent evaluator provide some year-one findings for us. And we did find statistically significant increases in the number of best practices that our participating centers were meeting. We were really thrilled with those results because throughout the course of the award, we were able to see the level of enthusiasm and commitment from the providers but to actually now know that they are making changes is, of course, very encouraging as well.

Our newest award is partnerships to improve community health. And whereas the community transformation grant focused across the state with school districts, this is more of a community focused specifically in Wilmington and certain communities contiguous to it in New Castle County. We are, again, focusing on healthy eating and active living opportunities and, again, we have a great list of partners that we're working with throughout the state of Delaware. We are very excited about the potential for the Pitch Grant.

Mainly what I wanted to focus on today is what we have done for the first two awards that I mentioned and what we plan to do in the future for Pitch in terms of education and engagement. We are strong believers at Nemours and particularly in our national office because that's our focus, is on the federal government and national partners. We strongly believe that it's very important to do impactful work but it is also incredibly important to make sure that we're being very strategic about telling the story of our work because we think it is important to share the journey, to share the lessons, to share the findings so that others can learn from us and we can learn from others obviously as well about what works best.

So the things I have listed on this page are specific examples of where the national office has partnered with others to do this education and this type of engagement work.

So the first is hosting in state launch events. We were able to do this for the community transformation grant and the early education and collaborative award. It was good timing because both of those were awarded at the end of fiscal year 2012. So what we did in that instance was we partnered with the local children's museum and we invited the entire Delaware situation which is three folks, two senators, and Representative Carney to attend an event. All of them spoke and so did Nemours. And we had some key partners there as well. It was just a really great way to share in the excitement about the activities that we were about to launch with the press, with the local community, and with our delegation as well.

And then it serves as a way for us to continue to update them on key events because then they were in on it from the start.

Another tactic that we used which isn't as involved is issuing press releases to announce new work. We recently did that for the Pitch Award. We are very excited about that award, and all the potential that it holds for us to work with our partners in Delaware. So when we did a press release, we did again engage local leaders and we got a quote from Senator Harper and we will work throughout the course of the award to make sure all these partners are engaged in the work and engaged in telling the story.

Once our work is in progress, another area that we try to do is to show what it looks like on the ground. It is one for us to describe the work. It is another to actually bring folks to come to the sites to see what's happening. So an example of that is -- I guess earlier this past summer one of the trainers who we are

partnering with for the child care grant that I mentioned had seen a new segment on television about childhood obesity. And she knew that we were doing some great work with the child care centers. She actually reached out to -- on the reporter who had done that work and we were able to then get the reporter to come out to one of the child care sites. And she did a beautiful story where she interviewed the center directors and you saw all the different types of new activities that the children were doing. And it was just a really great way of telling the story of the work. I mean, this was earned media. But I think we couldn't have put together a better story if we had tried. It was really a great way to engage -- I mean, it started from our partners. Our partners were actually the ones who came up with the idea.

But we then now used that in Hill visits and we have used it to share with other folks across the country as kind of an example of a great way to pull together a story. And we will be in the future inviting delegation members.

And I would want to clarify that my position at Nemours is privately funded. So any of the advocacy or lobbying work that goes on is clearly not supported by government funds.

Another tactic that we use is collecting and sharing testimonials from partners. So that's not obviously as much work or as intensive as doing some of the visits but it is still a way to share the story of others. We've done that throughout the different awards. We capture quotes and pictures, sometimes video clips. And those are just great things that we are then able to utilize at appropriate moments.

Sometimes we then take those testimonials or pictures and we incorporate them into congressional briefings. We did one this past summer in August where we had some of the partners who were working with us to implement the work, to come and tell the story of what they were doing. And then we invited other partners of national organizations and even though they weren't federally funded, the work that they were doing, they were doing similar obesity prevention work and together we were able to tell the story of our experiences, lessons and challenges. And it is just another good way of being able to share key lessons.

Finally, lobbying technique that we also use is we bring in our C.E.O., our board chair, just key leaders from Nemours to talk to members of Congress about the federal funding streams that help us to sustain the work. Sometimes educational, sometimes we actually specifically talk about the funding stream, but the point is it is a way not to just show that the folks implementing these types of federal programs are interested in them but the leadership of major health systems really sees this community-based prevention that's focusing on upstream determinants as a critical strategy to addressing some of the health challenges that we see. So it is good to be able to tell the story from all the different levels from the folks who were doing it to our midlevel leadership to our highest-level leadership at Nemours. So we try to do it at all levels.

So we plan to use some mix of the strategies above to tell the story of our Pitch Award as well and we are very excited to have those funds. I think one exciting thing that we've also been able to do is -- Nemours has started by doing its own investment in a lot of these different areas, then we have been able to leverage federal funds to help spread the work. The federal funds have helped us attract additional private dollars which is equally exciting. As we have seen some of the federal work, especially as it has expanded to different states we have never been before, others are paying attention and we have been able to get some additional private funds to further expand the work. It is just great to see that interplay between the public and the private collaboration and really how that can help maximize your impact. Our strategy has really been to spread, to scale, to sustain and to continue to innovate. And at the same time we are doing that, we are being intentional about sharing the story of our work so that others can do the same and that not only can they learn from us but hopefully if others are able to engage and share and disseminate, then we can learn from them as well.

So those were the key things I wanted to cover. I will turn it back to you, Matthew.

>> Matthew Marsom: Thank you so much, Daniella. Just a great presentation highlighting some of the ways that you have been able to leverage the resources of your organization but also highlight things that you can do to showcase the success of the community prevention work that's going on nationally and, of course,

also in the community that is your focus area. So thank you so much.

We will move quickly to our next presenter. We will have an opportunity to hear from Daniella again during the Q&A toward the end.

Poll 5 is coming up on your screens momentarily. I want you to please turn your attention to the right-hand side of your screen. Please take a moment, if you can. For both CDC and non-CDC grantees, how are you planning to communicate your prevention or equity efforts and partnerships to policymakers? We heard that in the last presentation as well. Meetings, visits, email communication, letters. There are things you can do as a grantee and things you can do as a non-grantee and it is important we showcase those. Please submit your poll response now. You got about 30 seconds left. We do want to make sure we hear from as many of our audience as possible.

Just a reminder to comments in the Q&A and questions for the panel, for anyone who is sending in general questions about accessing the information on the slides or where you want to find out how much funding is in your state, those questions are being answered directly in the Q&A. We will make sure we address those as well later during the Q&A. So please review the comments already submitted.

I'm now going to switch to Jill, Jill Birnbaum, with the American Heart Association, vice president of the state advocacy and public health. Jill, over to you.

>> Jill Birnbaum: Great. I'm very pleased to be here. Also very pleased to be a part of this initiative. The American Heart Association was selected as a Category A recipient under the national implementation and dissemination for chronic disease prevention FOA, otherwise known as the national partners' initiative within this broader work.

But within AHA, we are referring to this initiative specifically as ANCHOR so for those of you who might want to partner with the American Heart Association, it will hear it referred to as ANCHOR. That stands for accelerating national community health outcomes through reinforcing partnerships program. Known for the CDC and our other recipients under this opportunity, it is known as the national implementation and dissemination for chronic disease prevention.

We were specifically selected as a Category A recipient. These are the specific requirements under that FOA. It gives you a sense of what our work will be. It is very comparable to other national partners under the past community's work. 75% of our award will be going out the door down to our affiliates. We will be working with two cohorts. The first one starting in year one with 15 subrecipients who are affiliates. We will then start a second cohort that will be another 15 markets that we'll work with in the second cohort. And that second cohort will end then in the third year of the opportunity.

Similar to past efforts, their work will be around strengthening coalition, working on community-needs assessments, developing a community action plan, and focused on those kind of key indicators that Dr. Bauer highlighted around tobacco, physical inactivity, nutrition and lack of access to chronic disease prevention.

The particular role for us as national organizations -- and this is across Category A and Category B which we will talk about in a second, which is to increase that collaboration between national and community partners, the national reach of the American Heart Association and our other partners, really working to bring that national reach that we have in terms of collaboration with communities. Also increasing community capacity to implement policy, systems and environmental change. And then finally increasing messages on the importance of policy, systems and environmental change improvements.

The role of what are called our subrecipients, kind of our local grantees under this initiative which are all within our organization, our affiliates of the American Heart Association or whatever the Category A recipient is under this is really to do very comparable work as you will see, for example, in Pitch which is to lead a new or enhanced multisectoral coalition, community assessment work, identifying the chronic disease risk factors that are of particular importance in that market, selecting evidence-based strategies and then finally having a reach in what they choose of 50% of the population in the funded area.

These are all of the organizations that were funded under this opportunity. We are very closed to be joined by two wonderful organizations that are Category A partners. As you see, some of which will have very different perhaps strategies and interventions that they will prioritize, but some overlap in terms of our work which we're excited both to learn about the new strategies that these organizations will bring as well as to work with them in collaboration to support our work nationally.

But the National WIC Association and the American Planning Association will also be working with their chapters and affiliates to spread the work. And then our Category B partners which are primarily around technical assistance and support for our subrecipients are the Society for Public Health Education or SOPHE and the directors for public health education.

Within AHA, we really have structured this -- I'm sure it is true for our sister organizations -- to really build upon existing programs and approaches that were already doing within AHA to really again accelerate our efforts in each of these areas. Things like our work with Voices for Healthy Kids, the work we are already doing in tobacco control policy and some of our clinical work like check, change, control which is focused on hypertension in communities or the guideline focused on systems change in outpatient settings. Again, focused on the ABCs, aspirin, blood pressure, cholesterol, the work -- and smoking cessation in outpatient settings.

We plan to spread that through work our AHA affiliates. We will be choosing 15 markets in year one. Our reach is pretty vast. We have staff and capacity in all 50 states, so right now we are accepting applications from our affiliates. They're working to prioritize their markets but really that potential that we have is to reach a wide range of the population by the fact that we have that presence in all 50 states and in many communities across the country.

I'm going to quickly go through the particular strategies that the American Heart Association prioritized in our application because I think it will give you a sense of where there could be opportunities nationally and locally particularly if these strategies align with work that your organization is doing. Again, each of the Category A recipients here have their own strategies. Some of which, as I said, are perhaps aligned with some of these or some of them may be different. I just highlight that as these aren't universal across the initiative. These are ones that are unique to the AHA but would encourage you if you are interested in the work of the others to reach out to them directly to find out what strategies that they also have prioritized.

In the area of tobacco, we will be focused on increasing the number of settings that have 100% smoke free policies. In nutrition, largely focused on food procurement and institutional settings, workplaces, child care settings, increasing the available of healthy food in communities, things like healthy food financing initiatives, grocery stores and corner stores and finally promoting the purchase of fruits, vegetables and other healthy foods through food assistance programs such as accepting EBT payments at farmer's market.

In physical activity our work will be around physical education, physical activity in public settings. Things like complete streets and shared use agreements. And finally improving physical activity and education policies in early child care settings.

In chronic disease prevention, reduction and management, our focus there will be around increasing access to chronic disease prevention services and self-management programs, increasing the number of referrals to community-based services and resources, increase the number of training and multidisciplinary teams including core competency training for community health workers, cultural competence training for healthcare provider as collecting data on populations and provide feedback on quality of care for healthcare providers.

Once national center now for American Heart Association established those strategies, each of our markets that we choose under this initiative will now be looking at what are the priority interventions. I will just say that this framework that I have here on this slide is a really nice framework developed I'm sure by others as well but put forward by the CDC within this initiative. It is very well-aligned with how we do our

work within AHA. So we are really excited to see this. Again, you really work to select what is that primary intervention as well as supportive or complimentary interventions that can help support that primary intervention. Again, each of our markets will be looking to select that primary and particularly their supportive intervention.

Just as background to give you a sense of what -- if you are not familiar with the concept, the priority interventions that we'll be selecting will, again, be interventions aligned with those strategies that really directly affect risk factors or behaviors. And certainly smoke-free policy is a good example of that, where we know as was reflected earlier from Philadelphia that smoke-free air policies reduce exposure to secondhand smoke, again, that direct effect on a risk factor and the risk factor being exposure to secondhand smoke.

What's really exciting about this, I think there is a broader role in the work that we do in public health to also see how those other supportive interventions, they may not be interventions that are high impact on their own but how we can really leverage also supportive interventions to enhance the reach, effectiveness, or knowledge about that primary intervention.

Again, the work we're doing right now within AHA and each market we will select will be to think about what -- first, what is the strategy that's a priority within that market, perhaps things that are already happening within that market, and then really working to identify what might be that high impact intervention that's aligned with that strategy that works well, aligned with this grant. And then finally what are those supportive interventions? I think this is where we will see a lot of our acceleration of our work already happening in communities. What are those supportive interventions, those other things that will help bring attention and enhance the effectiveness of our work in working on those primary high-impact interventions. What are really those supportive interventions that markets can work on to, again, accelerate the work that we're doing.

Finally, here's the timeline, to give you a sense -- this is the American Heart Association's timeline. The American Planning Association and the National WIC Association have slightly different versions of this timeline. But some in particular, the dates toward the end are pretty universal. We are all working toward a couple of common goals toward the end. Our work is working to identify our sites. Notice of awards will happen approximately around January 26th. End of January is when we will all have selected the markets that we have. And then those markets will start doing the really good work which is selecting their community leadership teams. We're going to do a kickoff for all the subrecipient at either the end of February or March and they will return home excited and eager to get started doing their community action planning work, getting their plans approved and then finally when the really good work starts which is beginning to implement their 15-month community action plan.

So the last thing I'll say ask I would encourage you to follow up with me if you are interested in our work because what a role for all of you is to really stay in touch, to let us know what you see within your communities, ways we can enhance the work that you're doing, perhaps primary interventions that are priorities and communities you're working on and, again, how our work might complement that or accelerate that. We're also creating a national kind of strategic advisory group to help advise some of the work that we're doing and the identification and prioritization of our national strategies.

And I would encourage you to follow up to find out once -- and, again, at the end of January when we've selected our local markets that will be priorities in our first cohort, really to ask us, you know, where are those markets, what strategies are some of the primary -- or some of the lead strategies within those communities because your work could help influence those primary interventions and supportive interventions that will become a critical part of our work. Again, where there is alignment in terms of those markets or communities, how you or your organization might be become a part of the leadership coalitions and teams that are going to be built.

And then finally just again stay in touch because then we'll have a second cohort after that work where we will have another set of communities and markets that will become priorities under this initiative. We look

forward to working with many of you both at the national level as well as at the community level as we continue to implement this initiative.

Thank you.

>> Matthew Marsom: Thank you so much, Jill, with the American Heart Association. Greatly appreciate your presentation. And I would now like to ask all of our panelists and speakers who have spoken so far to join us, again, and open up their microphones or their phones so that they can participate in the Q&A and a discussion through the end of today's Web forum.

And with that I would also like to introduce two of our next panelists to join us with the Q&A. The first is Sue Polis who is the director of external relations and outreach for Trust for America's Health and the other is Sana Chehimi who is the program director at Prevention Institute.

And actually would like to start, if I can, first with you, Sana, and we have a slide here that's talking about some of the key take-aways that we want the audience to take away and to build on in their work in the coming days, weeks and months after today's Web forum as ongoing continuous work.

I was wondering, Sana, if you could emphasize those points for our audience today.

>> Sana Chehimi: Great. Thank you, Matthew.

Hello, everyone. It is great to be in another Webinar with all of you. Our speakers all had amazing things to say. And I just wanted to highlight some of the things that really stood out for us as we had the opportunity to receive their slides ahead of time. One was focus on the importance of partnership and engagement and really looking for mechanisms to build increased partnership not only with community-based partners and leaders but also looking for opportunities to engage private sector partners and to approach partners of engagement, really strategically in a way that expands sustainability and expands the base of support.

We heard a lot about this is not about starting from scratch. It is about building what already works and really rooting the work in community context and experience. That was well-reflected today.

Person favorite of mine, of course, is that if we don't talk about what we're doing and the impact of our work, we're ultimately not going to be as successful as we're going to be, as we could be.

I love how Dr. Bauer referenced the need to create a constant drum beat about these efforts. And Daniella gave us a variety of mechanisms that Nemours has used quite effectively to really get the word out. And I was really gratified to see all of you respond in the Q&A about how you're planning to reach out to key stakeholders and decision makers.

And, finally, this notion that in order to build sustainability, we all have an opportunity to leverage these federal funds as Nemours and others have done to amplify the work and to attract additional sources of funding. And those are efforts that can start right away.

So with that, I will hand it back to you, Matthew. I know that there are a lot of really great questions that have come in through the Q&A.

>> Matthew Marsom: We have, Sana. Thank you. There has been a tremendous amount of input from the audience throughout the discussion today. I just want to emphasize a couple of areas, some comments that were made. First of all, it was responded under the key take-away about partnerships, they are working with law enforcement and the media. Again, that's a critical partnership that they can engage in at the community that builds and expands that base of support.

Similarly government organizations was mentioned. Denise White mentioned how they are working with citizens groups which I think is fantastic. Sue Thomas Cox emphasized how they are working with pharmacy associations as well as Medicare groups in their community which I think is really vitally important.

I do have a question for Dr. Bauer, if I can, which is one question came in: Were any of the awards focused on mental health issues? This is a theme that we hear a significant amount from the audience on the Dialogue4Health Web forums. And I'm wondering if you could address or perhaps if you don't have the

information immediately, we could follow up how many of the grantees or awards were focused on mental health, if any.

>> Ursula Bauer: Thanks, Matthew. In these six programs that I described, no work is being funded in the area of mental health. And that has to do with the way our dollars come to us from Congress with a very specific focus. And mental health has not been included in our appropriation or in our authority to do work.

However, it is an area of great interest to us and we are exploring ways that we might be able to integrate mental health activity either by getting appropriation and authorization or partnering with our sister agency SAMSA and so on because increasingly we recognize how critical mental health is for the advancement of chronic disease prevention and health promotion.

>> Matthew Marsom: Thank you. Thank you very much for that response. We've also had some great examples from the audience about ways that they're communicating impact and the efforts underway with other members of the community. A couple of examples I want to emphasize. One is that one of our audience members -- I'm not sure if they are a grantee or non-grantee, they are working to do radio interviews in the community. They are working with the local media. Holly Lesco shared an example how they are providing digital stories from community members and partners to share the impacts and lesson learned which is another wonderful example. That's the kind of thing we want to highlight both at a state level and communities but a national level as well.

I'm going to now hand over, if I can, bring in our panelists and I'm going to ask if Sue Polis there Trust for America's Health and Sana can talk about what other lessons learned and messages can our audience hear in terms of the resources -- let me start again with that question. Sue, for you, what supports are available on Trust for America's Health Web site, if you are thinking I want to help showcase in my community but I don't know what tools are there, can you talk about some of the tools that are available on Trust for America's Health Web site. Sue, you are muted. Just want to make sure we can hear you.

>> Sue Polis: Thank you so much, Matthew. As probably a lot of folks are familiar with, the Trust for America's Health continues to lead very strong effort to make sure not only partners that we work with in Washington, range from partners from federal agencies to policymakers on the Hill to folks in decision-making roles and other institutions know not only about the work in the community but the partnerships and the tremendous work referenced today on the phone by Dr. Mallya and Daniella Gratale from Nemours and Jill from Heart are all doing and leading across the country.

Our Web site has a number of resources that we've been providing and will continue to provide. We have several maps that show these grants by state, our team has been hard at work building out these resources. We also continue to provide talking points, as I think all the panelists have said. If any of you have stories or items that you're working on, please make sure you send them to your national partners because that's how we connect the dots and help our national partners, like the U.S. Chamber of Commerce foundation and educational organizations. That's how we help them connect to the work, is by providing these rich examples of what's happening on the grounds.

So that's all I really wanted to say about our resources. But if anyone has questions, please feel free to reach out and let us know.

>> Matthew Marsom: And I would definitely put in a plug for the incredibly resource for the daily digest newsletter. If you are not already on that, you should be and assuming you can find that information, how to sign up for the Trust for America's Health Web. I encourage folks to do that.

And I have put up on the screen the slides so you can see it, the information on the various organizations and their Web sites, where you can go to get access. I will put in a reminder to go to the Dialogue4Health Web site, www.dialogue4health.org, where you can download the audio from this panel presentation but also the many we have done over the several years, since 2008 and the last several years. I would definitely encourage that.

Couple of comments have come in. One from Juanita who says, how many of your programs can Guam access support or apply for partnerships. Dr. Bauer, I didn't hear Guam mentioned in your presentation. Are there resources for Guam available currently? Or is that something would be a priority or something that might be an area for other funding in the future?

>> Ursula Bauer: Thank you for that question. Yes. So the eligibility for the various programs varies. For some, the U.S. affiliated Pacific Islands were eligible to apply and others not. Often Congress determines that eligibility, although sometimes there's some opportunity for us to do that.

We have a separate program that we put in the field last year for the six U.S. affiliated Pacific Islands that also takes a comprehensive and coordinated approach to chronic disease prevention and health promotion. So that's been the main program we have available for the islands.

>> Matthew Marsom: Thank you. We have about five minutes left, and I want to just, if I can, work through our panel to ask them some specific questions about their work. And I'm going to start with Dr. Mallya working in Philadelphia. You provided an incredible overview of the work you're doing in the community and a number of different partnerships that you have been building. One you emphasized over the last several decades was the work you are doing with schools and other community organizations. We had a question come in, I can't recall who it is from at this time. But it was about how the work is being impacted by significant fiscal challenges that may be happening at the city level with cut-backs and schools being closed, et cetera.

And I'm wondering if perhaps addressing that question but from a broader perspective, if you could speak to in your work overseeing and implementing these grants in your community, how you address some of those challenges when you have challenges with resources, you have got some funding coming in but others are seeing cut-backs. How do you build those sustainable partnerships at the community level but then emphasize and can build on the work that you're doing for years to come?

>> Giridhar Mallya: Sure. I can comment on a few things. Our school system in particular has faced some really, really dire fiscal challenges in the last several years. And I think particularly within that environment, one is that they are folks that have been working in the school system for a very, very long time on health and wellness issues. We go to them first to understand how we can keep momentum going in very sort of trying fiscal times. So, one, we rely on their experience.

Two, some of these issues around the quality and the appeal of foods that are provided to kids, they are opportunities to be physically opportunity. Although they may not be a core part of the educational mission, I think we've done a good job as a community to say, these are things that kids deserve to have access to in their educational environments because the school system really is not just about shaping their minds but it is really about helping them become productive adults who work in areas that are really meaningful to them.

I will say outside of the school district, we have had the opportunity to build off of federal grants that have provided us an infusion of resources and then through that, we demonstrate that programs, systems, changes, policies can work. And to the extent that any of them need continued or ongoing funding, many non-governmental partners have been able and willing to provide support, both financial support and sometimes in-kind support to some of our interventions. So foundations, big businesses within Philadelphia and more and more health systems.

Lastly, I'll say this was outside of our work through CDC, but because of the serious fiscal challenges our school district was facing, just about two months ago our city and then our state general assembly gave Philadelphia the authorization to implement a \$2 per pack tax on cigarettes here in the city. That will obviously have huge public health benefits as it relates to tobacco use but all the revenue will go to our local public school system.

>> Matthew Marsom: So we have about one minute left. In fact, exactly. So what I would like to do at this point as we close the Web forum by way of thanking our panel is like a last whip around the speakers and

have each of them address the one or two things we would urge our audience to do. We recognize each of you has different responsibilities, whether you are with the federal government, a national organization working at a city or community level or a community-based organization or advocacy group. There are some things you can do and things you can't. Respecting those roles, I am wondering if we can ask each of our panelists what they would urge the audience to take away and that they do in the coming days, weeks and months.

We will start by thanking the panel. First Dr. Ursula Bauer with CDC, we will start with you, Dr. Bauer.

>> Ursula Bauer: Thanks. So the big take-away for me and I hope for the audience is that there's a wealth of activity going on all across this country, funded and unfunded and so many opportunities for people to engage, to improve their health and the health of their communities.

>> Matthew Marsom: Thank you, Dr. Bauer.

Jill Birnbaum with the American Heart Association, vice president, state advocacy and public health, thanks to you. And your closing thoughts and what you would urge the audience?

>> Jill Birnbaum: Thanks. I will draw upon Dr. Bauer and say engagement. I would ask you all to think about what assets that you bring to bear aligned with the strategies that we have within this initiative and let us know how we can get you involved, put you to work, leverage what you do and accelerate this work. And we will be excited to partner with you.

>> Matthew Marsom: Thank you, Jill.

Daniella Gratale with Nemours.

>> Daniella Gratale: Going off that same theme, I would say if there are local grantees in your area and you haven't connected with them, reaching out and seeing how you might be able to partner with them to either engage in the work or tell your story as well as another national grantees.

>> Matthew Marsom: Thank you to you. Thanks for joining us.

Dr. Giridhar Mallya.

>> Giridhar Mallya: I'd say, you know, actively engage your media and help them tell the story about how people's health or lack thereof really isn't just about their individual decisions but it is really about environments. And make sure when you are focusing on policy and systems change that you also tell the people with stories and families that have been impacted by your work.

>> Matthew Marsom: And, Sana, your thoughts?

>> Sana Chehimi: The drum beats that Dr. Bauer was talking about and really making sure that you're communicating often and consistently about both impact but also efforts underway.

>> Matthew Marsom: Thank you, Sana, with Prevention Institute. Sue, with Trust for America's Health, your closing thoughts?

>> Sue Polis: I think my comments regarding sustainability, a number of you are deeply engaged with partners who have more flexibility to perhaps help make the case to policymakers about why they're engaged in these work and efforts and the importance from their perspectives about the work. So make sure to ask your partners not only to work with you but to talk about the work that they're doing to policymakers as well.

>> Matthew Marsom: Well, I do want to -- what I would take -- say is a take-away, continue to stay engaged and participate in these Web forums. Just a reminder for you who haven't yet registered another exciting community is coming up next week Thursday, November 20th, from noon to 1:30, 3 to 4:30 eastern to join Public Health Institute's Genoveva Islas and Larry Cohen as they share some of the successes and lessons learned from three CTG sites tobacco-free living activities. Those are for partners to gain valuable insight and impact of Prevention Funding.

Thank you for our panel again today. I just greatly appreciate hearing from you. There are additional questions in the Q&A. We didn't have a chance to get to everything. We will make sure we capture all of the questions and we will make sure we share that information with all of you through whatever means we can in the coming days and weeks as we move forward.

I do want to put special thanks to our behind the scenes staff, Star Tiffany and Holly Calhoun, who have been helping to facilitate the Q&A and work on the technical aspects. We couldn't have done this without them. Thank you so much. Thank you to our co-sponsors, the American Public Health Association. See you all at the conference this week in New Orleans.

The Public Health Institute, Prevention Institute, Trust for America's Health. This has been a fantastic discussion, "Strengthening the Community Prevention Landscape: New CDC Grants and the Road Forward." Thank you, everyone, for joining us today. We look forward to you joining us on our next Web forum, and thank you very much. At this point, I will close the proceedings.

Thank you.

(Webinar ended at 3:33 p.m. EST)