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PUBLIC HEALTH INSTITUTE
WEBINAR

MOVING COMMUNITY PREVENTION FORWARD: NEW FUNDING OPPORTUNITIES TO ADVANCE COMMUNITY HEALTH AND EQUITY

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>> Star Tiffany: Hello and welcome to Moving Community Prevention Forward: New Funding Opportunities to Advance Community Health and Equity. My name is Star Tiffany and along with my colleague, Holly Calhoun, we will be running the web forum.

Closed captioning will be available throughout the web forum. Christine with 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 is on the top right-hand corner. On a MAC, it is on the bottom right-hand corner of your screen. In the media viewer panel, on the bottom right-hand corner, you'll see a show/hide header text. Please click on this in order to see more of the live captioning. During the web forum, another window may cause the media viewer panel to collapse. Don't worry, though. You can always re-open the window by clicking on the icon that looks like a small circle with a film strip running through it.

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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're having technical difficulties regarding audio, please send a question in the Q&A panel and Holly or 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 on our website, www.dialogue4health.org. We would like to invite you to connect with us via Twitter and Facebook. Both of those links are handled at dialogue4health; also the same on Facebook.

We are encouraging you to ask questions throughout today's presentation. To do so, simply click 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 be using the polling feature to get your feedback during the event.

Holly, can you please open the first poll?

Great. I hope everybody can see that.

Please select your answer from the available choices and click the submit button. We would just like to know if you're attending the web forum individually, in a group of two to five people, in a group of six to 10 people, or in a group of more than 10 people. Once you've chosen your answer, click submit. And once you are done taking the poll, please be sure to click on the media viewer icon to bring back the closed captioning.

It is my pleasure to introduce our moderator, 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 Program 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. Thank you, everybody, for joining us today for the next in our series of dialogues on the health forums. We have a wonderful group of panelists today who are going to be talking to you today about the important funding opportunities made available by Centers for Disease Control and have an opportunity for the audience to participate as well in the Q&A.

I want to acknowledge and thank our sponsors and supporters for today's event and want to acknowledge the American Public Health Association, the Convergence Partnership, PolicyLink, Prevention Institute, Public Health Institute, and Trust for America's Health for their support and sponsorship for this web forum.

Here's some information which you can download afterwards about the organization.

We have a great panel. You'll be familiar with some of these individuals, but I'm going to introduce them briefly anyway.

Richard Hamburg, the Director of the Trust for America's Health is a familiar -- sorry, Deputy Director -- a familiar voice and face where he oversees public policy initiatives, advocacy campaigns, and internal operations and has more than 25 years' experience as a leading health policy advocate.

Larry Cohen, the Executive Director of Prevention Institute, again a familiar leader

and voice in these web forums. He is the founder of Prevention Institute which is a national nonprofit dedicated to creating systematic, comprehensive strategies that change the conditions that impact community health.

Amanda Navarro, the Deputy Director at PolicyLink. She is currently overseeing efforts at the national Convergence Partnership. She provides strategic guidance, technical assistance and training to public and private agencies and organizations.

And I also wanted to introduce a new face as well, Julie Peterson. I'm going to be providing an introduction to Julie when we get to her presentation today.

Just an opportunity to highlight some of the resources available, I encourage you check out the APHA resources here online as well as policy, resources all available through this slide, and the Comprehensive Health Education Foundation. Prevention Institute's information here. You can access their information at their website and online and at Twitter. PHI's information and then Trust for America's Health. We want to make sure these resources are available you.

So today we're going to hear about these new funding opportunities that are available to address the prevalence of chronic disease and related risk factors and also to advance health equity. We're going to discuss strategies and efforts to build a system of prevention and clinical integration and ways to advance equity and reduce disparities through community engagement. And we're going to review robust communication strategies to demonstrate the importance of investments made through the fund to key audiences including policymakers, which is absolutely critical.

We want to underscore the value of that. These funding opportunities have been made available now. The Center for Disease Control and Prevention offer stakeholders including public health departments, national and community-based nonprofit organizations, community coalitions, school districts, housing and transportation authorities, American Indian tribes the opportunity to continue building communities with federal support. And this web forum today brings all of you together to learn about these funding opportunities and to discuss how we can advance community prevention together.

Before we go to our first speaker, I'm going to ask our support staff, Holly, to bring up the Poll 2. I'm just going to quickly read this through to you.

Are you currently a recipient or sub-recipient of any of the following? Please select all that apply: Community Transformation Grants, Racial and Ethnic Approaches to Community Health, REACH. Section 1305: State public health actions to prevent and control diabetes, heart disease, obesity and associated risk factors and promote school health; promise neighborhoods; sustainable communities funding; or other. If other, type your answer into the Q&A.

So please click any of those that apply and submit your response, please. We have a couple of minutes to do that, about 40 seconds left. So please do use the poll on the right-hand side of your screen to submit your answer to the question.

Here's how you use the Q&A features on the right-hand side of your screen. Again, click on Q&A. Submit your question to all panelists. We will be using your feedback today to encourage a dialogue and conversation. It's vital that we hear from you during today's

discussion.

I can see that people are identifying their funding levels: some saying none of the above; others identifying different funding sources, which is absolutely fantastic.

Great. One of our participants, Brenda, has identified that she receives funding through the Massachusetts Prevention and Wellness Trust Fund Grant. Great.

Just a reminder, we're also using closed captioning today. Star ran through this, but you can access that through the media viewer on the right-hand side.

With that I would like to introduce our first speaker on our panelist, Richard Hamburg, Deputy Director for Trust for America's Health.

Rich, over to you.

>> Richard Hamburg: Thanks. Glad to be here today. It feels very similar to around this point in time three years ago after the passage of the Affordable Care Act and all the community prevention opportunities that were out there. A lot of successes, a lot of policies changed, a lot of progress made in those ensuing years. And upon passage what seems like years ago now but several months ago the Consolidated Appropriations Act of 2014. It was best of times. It was the worst of times. We were faced with a lot of confusion I know here, inside the beltway, outside the beltway, amongst the advocacy groups, fundees, program participants.

So it took a while for the dust to settle. I'd like to not too flippantly say all of these prevention programs were sort of cut into confetti, thrown up in the air and it took a while to figure out, collect all the pieces, to see where everything landed. But at the end of the day I think we ended up in a good place, perhaps even a better place than we were before. We

have multiple new opportunities available.

As a result of this funding measure, there are six new funding opportunities totaling over $650 million of fully implemented over the three to five-year period. Those of you who have been around in the past and have made it through 15 years of the REACH program, steps, pioneering healthier communities, REACH U.S., Achieve, CCPD grants, CTG grants, you know, never, ever 100% possibility of that happening but we're certainly hopeful.

Most of these programs are funded by the prevention -- most but not all -- by the Prevention and Public Health Fund. In addition, after the dust settles, we ended up with double or more than double the amount of money for the Preventive Health and Health Services Block Grant, now $160 million, all now Prevention and Public Health Fund dollars as well as there will be availability of a significantly increased investment in the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, Associated Risk Factors and Promote School Health more easily known as Section 1305.

A quick quote here, from the CDC, the CDC is concentrating resources on key risk factors and major diseases that contribute substantially to suffering, disability, and premature death. Forming a set of activities designed in synergy, that's key, to reach the overall goals of reducing rates of death and disability, tobacco use by 5%, obesity 3%, death and disability due to diabetes, heart disease and stroke by 3%. Some very clear goals here.

One of the first -- the first program to talk about, and this will be one I'm concentrating on a little later on is the so-called PICH program, Partnerships to Improve Community Health. This is not Prevention Fund money. It comes out of one line in the

Consolidated Appropriations Act. And for those who complain that the Affordable Care Act was too long, 2,000 pages, too much detail, 32 words, three short lines for the authorization of this program and the Appropriations Bill. The agreement includes bill language for a new initiative to prevent chronic disease or chronic disease and reduce their impact by awarding grants to community coalition that include business, schools, and nonprofit organizations. And that is absolutely all that it said. So kudos to the Center for Disease Control and Prevention for taking those sentences and putting together this FOA, one of a number of FOAs.

I should mention that in the lead-up period to the finalization of these FOAs, many, many organizations around the country provided input which in large part certainly the CDC seems to have listened closely. I think there are bits and pieces here that individuals or groups might quibble with, but clearly from my standpoint the agency definitely listened to the principles and recommendations that our group and hundreds of others either signed on together or individually, items that were being advocated for for this new set of FOAs.

So this PICH funding, again, not Prevention Fund money, it's $80 million appropriation in year one. Hopefully at least that amount in years two and three. $15 million of it is going out through cooperative agreements to address environmental and systems change and then also a second component of it going toward health system interventions and community clinical linkages. So not dissimilar from the goals and objectives of the CCPW and the CTG grants, improving health, reducing prevalence of chronic disease and their related risk factors.

To me, very important, short, intermediate and long-term outcomes. There are a

number of things we need to do better as a public health community this time as opposed to last time. Clearly set out these objectives and then to report progress is going to be critically important.

Eligible applicants, government agencies, housing, school, and transportation included. I think some groups have some issues around that. It was prescriptive. It did list those particular subsections of government agencies besides state and local health departments. And then also non-governmental organizations, tribal organizations, requires a multi-sector community coalition existing for two or more years. And I know that there are a lot questions about that.

I should mention the CDC has a number, dozens if not hundreds, of answers to frequently asked questions on the website. You should check that out for more detail. The funding is available in a series of awards. It recognizes the different communities or different places. The awards could be as small as $100,000, as large as $4 million. So we're very excited and all the groups are excited about this program and building it and having it move forward in the future. Hopefully secure additional funding.

The next program is a national version of that, recognition of the key role that national organizations including national organizations with well-developed affiliates and chapters. This is a three-year project, $30 million or $10 million a year over three years, to help improve community capacity, implementation, dissemination, activities; again, around tobacco nutrition, physical activity.

The first category is national organizations, working with multi-sector coalitions or

community improvement. And the second one -- a 75% of those dollars re-granted. So if you're a national organization, you have chapters and affiliates, 75% of the money will be re-granted to your chapters and affiliates.

So, again, the whole area of making sure the money gets out the door but also gets down to the community level is critically important as recognized in the national implementation grants. And then there's dollars for national organizations to provide the technical assistance, toolkits, trainings, webinars, and the like. So, again, significant dollars available for that.

The 1422 program, this is Prevention Fund dollars. It grows out in part of $146 million. It had been appropriated to the Community Transformation Grant program. Those dollars were appropriated through the heart disease and stroke and diabetes programs so significant increases for both of those programs. And part of it, approximately $70 million a year, going toward what is now being referred to as 1422.

It's the four-year project. It addresses environmental strategies to promote healthy lifestyles, prevent diabetes, obesity, heart disease and stroke, address specific populations and health disparities. All 50 states are available. There's a large state health departments and some money set aside for large cities which we think is a nice addition to this program. So 15 to 19 awards to states and DC and three to five awards for large cities; again, with significant investments, $3 million on average.

And that's very important. We were certainly very worried that with all the progress made and the taking smaller programs to scale, you know, we wanted to make sure there's significant dollars available in this program. It's going to be funded on average $3 million; a

version of that program specific to Indian country, two components, awards, ranging from $100,000 to $1.1 million focusing on heart disease and diabetes and associated risk factors among Indian tribes and Alaskan native villages. So I think that's a significant addition to the portfolio.

You should look at this as a portfolio when you're thinking about following through on full applications. This is all a coordinated effort, for sure.

The REACH program has had more formats, more changes, more defunding and refunding than probably any public health program certainly that I can think of. This program is backed with a combination of Prevention Fund dollars, some dollars available through the traditional appropriations process otherwise known as discretionary funding.

So this is a new iteration of REACH which I believe is an old iteration of REACH, three-year project, eligible applicants. Money going directly to communities, local governments, nonprofit organizations, universities, faith-based organizations, and, you know, to apply for the money you must work with a multi-sector community coalition that's been in existence for multiple years as well.

And these are grants, basic grants. 15 to 20 awards up to $500,000 and 30 to 40 comprehensive awards up to $1 million. So that's the good news. The bad news is it's zeroed out in the President's budget. I'll have to see how this goes in the future, but this is definitely a program -- may not be on its ninth life but maybe its seventh. I think we all feel strongly about the important work that's being done and want to make sure that it continues to happen.

There is also 36 words -- a little -- maybe 40-some-odd -- in the Appropriations Bill

that recognizes that too little -- I quote, too little is occurring in areas of highest obesity rates, 5 million in competitive funding provides to conduct pilots programs to focus on existing outreach services in counties with the highest prevalence of obesity. And those are counties with obesity level of over 40% from CDC data. So that's up to six awards on average, about -- 3/4 of a million dollars.

In the last couple of minutes, want to focus on a couple of the bigger programs, the 1422 and PICH.

Coalition building. You'll see some differences in how it's defined and different grants defined different ways but definitely a recognition of the importance through the communities putting prevention to work and the Community Transformation Grants. And from some of the prior programs, certainly like the pioneering health communities and -- that coalition building is critically important.

So there are required collaborations for both PICH and 1422. And PICH examples are businesses, local health departments, housing authorities, faith-based institutions. For 1422, some of the staple requirements. It also includes data sharing communications, implementation.

There's definitely a theme running throughout all or most of these grants that we need to continue to grow, coalitions continue to work together, and in particular, continue to bring in non-traditional organizations. It's going to take more than just our traditional public health groups to really move this forward.

Re-granting. You have to look closely. I'm not going to go into all the details, but

you can see here that there was a recognition. CDC listened to what organizations were saying about the ability to re-grant often as related to the amount of money that's available. Hard to push a lot of significant re-granting when the grant is relatively small. So here there's a larger requirement for re-granting as the dollars go up from 3/4 of a million to grants over $1 million for the partnerships to improve community health programs. And 1422 programs, required a sub-award 50% of funds to 4-8 communities. This is definitely in line with where we were in the landscape prior to the Appropriations Bill in 2014.

This in particular I want to talk about. I know that others will discuss it. Julie Peterson, Washington State. But the communications piece is very important. The evaluations sustainability here. Different grants -- I'll give more detail in a second -- require very specific things to happen with these grants. I'll skip to point two. The Category A grantees in the PICH program must publish an article focused on program efforts in the annual publication each year, submit two success stories per year.

Category A grants must develop a sustainability plan. Knowing that, this has come and gone over the years, sustainability is key. We need to make sure that these efforts don't hit a cliff and the funding stops. We need sustainability. That's very important. You see that throughout these grants.

We're going to look for these stories. Our organization has done a lot of work and the Prevention Institute and others in trumpeting the importance of these success stories and will continue to do so. We need to get that information out. We need to share it with policy makers, with the media, with the public. And we have to do a much better job this time.

The evaluation, again, a little more specific here. 1422 program, requirement to provide community specific evaluation, performance measurement plan within the first six months. Information on how the data will be reported, how frequently, and how it's disseminated publicly. And in the REACH program, requirement to use media and communications to convey success at least one to every three months.

I think our group and others will hold the grantees to that. It's important information. If these programs are going to live for more than just a couple of years, we need to make sure we're adequately communicating the successes of these programs and getting it into the hands of the right people.

Coalition building and re-granting requirements. Gave a little of this previously. The national orgs under PICH, national funded organization, affiliates and chapters in 25 or more U.S. states and territories. So the money will go to organizations that have strong affiliates in place in half or more of the country. And at least 75% of the award given to two groups of sub-recipients for the organization's membership. So we're looking for strong networks, looking to build upon existing work. So I think that's important as well.

I mentioned sustainability. Although cost sharing and matching funds are not in these programs, it's strongly encouraged. This is one of the most important pieces of this new set of funding for all of these programs. We need to ensure, as we say here, solvency beyond the initial funding opportunity.

Let me stop there. Information available on our website. Contacting me directly. I want to point out that one of the places where all of these success stories appear is on our

website. We have prevention and public health stories in the states. And then the CDC, I'm sure there will be a lot of questions during the call today but there are many, many, many questions and answers on that site. You have to kind of flog through those. I'm guessing most of the questions posed will be answered through that site.

Let me stop there. I'm sure we'll have questions later on.

>> Matthew Marsom: Thank you, Rich. I'm glad you brought that up about the CDC questions. There will be a great deal of questions that will come up today that will refer to the eligibility or the proposal process. I do encourage that people listening today, over 600 people listening, do refer to the CDC website and the Q&As posted and made available because those will address those questions.

Thank you very much.

If we could just go back to the main slide deck, I want to bring up if we can, Poll 3. So after listening to Rich's presentation, I now want to ask you all to refer again to the poll slides on the right-hand side of your screen and refer to this poll.

For the funding opportunity announcements, which do you intend to apply for? Please select all that apply. You've got partnerships to improve community health, PICH; National Implementation and Dissemination for Chronic Disease Prevention; Racial and Ethnic Approaches to Community Health, REACH; Prevention and Public Health Funds 2014: State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke; a Comprehensive Approach to Good Health and Wellness in Indian Country; programs to reduce obesity in high obesity areas.

Please respond to all of those available and click on the screen and submit. You've got another 40 seconds to do that.

Please do, again, on the right-hand side of your screen refer to the polls. We want to make sure we hear from you, the audience as well as in the Q&A panel. We want to hear from you in the polls as well. I'll give you another couple of seconds to do that.

So, again, reminder to send in your comments and Q&A on the right-hand side, questions for the panelists. We're going to move on to our next speaker now. If you have questions for any of our panelists, we want to make sure that we capture those in the Q&A. Myself and colleagues who are actually on the panelists here will be making sure we capture those questions. All of the audio, as well as the slide information, will be made available after today's web forum on the Dialogue4Health website. We're also using closed captioning for anyone who needs special access. You can access that during the media viewer on the right-hand side of your screen.

I'd like to now go back to our next panelist and over to you, Larry Cohen, Executive Director of Prevention Institute.

>> Larry Cohen: Hi, everyone. I'm from Prevention Institute and also Convergence Partnership. I want to move from Rich's very thorough presentation of what the opportunities are to talking a little bit about strategy and best practice.

Our goals in this really are threefold. The one you're probably most interested in right now is to help people be more competitive by creating a persuasive, impactful proposal. But also assuming many of you will receive funding, we want to make sure the funding is as

effective as possible. And thirdly, by really enhancing the quality we want to remind CDC and others who are going to kind of review this, that of the importance of the effective, innovative work.

I'm just trying to move it now.

For advancing the goal of a quality, cohesive system of prevention and equity in the first place, I want to focus on four types of efforts and opportunities. The first is to emphasize coordination and synergy; then talking about the relationship of community prevention and clinical integration and how to move those efforts upstream; the importance of strategic partnerships addressing multiple determinants of health -- I call this multi-multi; and spreading innovation, which is an opportunity we have here.

So starting with coordination. Jeff -- I'm sorry. Rich mentioned that synergy is key and that it's important for the efforts to be synergistic with one another. In a region, different stakeholders are eligible for different regions. They're going to have different geographic scopes. So that means? A given region -- and whatever the size is when I say region -- there could be multiple FOAs, both multiple applications. But the power of synergy won't be realized unless as applicants you take the time to coordinate.

So that means right now finding out who else in your region is applying for the different FOAs. Also, understanding the other federal and private funding sources such as SIMS from the Center for Medicaid and Medicare Innovation, which is kind of the healthcare side of -- potential of the community prevention there. There are innovation awards; other funding sources besides health such as Promise Neighborhoods, Sustainable Communities,

the initiatives supported by local and regional funders.

And a specific way to develop synergy which here in California we saw was quite helpful, California received a lot of Community Transformation Grants, to agree on a set of [Inaudible] that all applicants will include in their applications so that there's opportunity to leverage. And identifying any opportunities to leverage with those funding sources I think can be extremely helpful.

In terms of external funding sources, Convergence Partnership can help you make connections with regional funders and you can contact me or our staff, Amanda Navarro from Convergence Partnership who will be speaking after me. We're happy to help you make those connections.

The second kind of principle throughout everything, though obviously some of the funding sources may be prioritized a bit more than others, is the notion of advancing equity. It's important to consider how to approach any strategies with equity as a core component and how to design and implement work with equity in mind.

Some things to consider are: Who's going to be on your team? Who are you partnering and collaborating with? And how are you going to ensure authentic opportunities for community engagement and leadership?

One very useful resource is pictured here. It's CDC's “Practitioner's Guide for Advancing Health Equity,” which gives some very, very specific examples of opportunities and also potential pitfalls to avoid on different types of issues. We played a role in developing that. We think it's a very valuable guide.

We also developed our thrive tool which reveals the community determinants that advance health and equity. And we have related measures and indicators.

Amanda will be talking next about further work on developing equity.

Moving community clinical efforts upstream and looking at the prevention -- the linkage between community prevention and health services. You know, we're really on the edge of community clinical integration but we haven't fully dived in yet; we haven't swum upstream yet. The way the clinical services and community prevention are described in the FOAs doesn't necessarily require the intensity of integration. But we believe greater integration and seizing greater opportunities will create much more persuasive proposals and certainly will have much greater impact. If we're going to achieve a true health system, which is ultimately what we need, not a healthcare system, and a separate community prevention system, we need the healthcare system and the community system really to work in concert with one another.

And really, there are a lot of shared goals. Everyone in community health and healthcare is looking for health outcomes overall to be improved to advance equity and by community prevention where reducing healthcare demands and costs in the first place by reducing the number of people who need those.

It's important to remember that the same elements in community environments that keep us healthy and safe in the first place are those that are needed to help those already sick or injured to restore and maintain health. It's the exact same conditions.

A paper we wrote a couple of years ago kind of provides the diagram and the

approach. It's called “Community-Centered Health Homes.” Just as we need patient-centered healthcare, if as all of us on the phone understand, community determinants are critical, then we need community health. And we've been working on this model the past few years. We think it can provide some guidance for you.

Here's an example. We know that physical activity and walk ability require safety, yet this was a street near our office in Oakland's Chinatown where instead it was injury and death that were predictable. The healthcare clinic there, Asian Health Services, convened and planned with traffic designers, with law enforcement, with public health, city officials. And they redesigned this crossing for safety to increase walkability, to increase physical activity. And, of course, therefore to reduce not only injuries but chronic disease. And it's been working. It's reduced injuries in the first place. Therefore, advancing health and advancing equity.

Third principle: Strategic Partnerships. Of course all the FOAs encourage partnerships. It's critical to be strategic about the who and the why if we want to develop and strengthen a lasting system of prevention and equity. We need to apply intentionalities and liberation in terms of who have we partnered with. We need to consider efforts already going on and develop an approach to partnership which like the metaphor of the jigsaw puzzle, the whole is truly more than the sum of the parts.

What is the connection between hypertension and housing? We talked a minute ago about the connection between walk ability safety and chronic disease prevention. And it's got to work for all the partners. It's health in all policies but it's not just health in all policies. It's got to be a win for house or for agriculture or for schools.

In partnerships to improve community health they emphasize very clearly that one innovative strategy is involved. And, of course, we want to encourage innovation in every proposal not just in the [Inaudible] proposals. So in selecting an innovative approach, careful consideration needs to be paid to opportunities to address overlapping communities of health. One example could be exploring a focus on preventing violence and how it's linked to chronic disease through better food, through activity access, through transportation.

The other part of the multi-multi, in addition to the partnerships, is addressing multiple determinants of health. And as we think about chronic disease, which is going to be in the key, we want to show how it's linked to build environment, to protection of the environment and environmental protection, to injury and violence prevention, to housing.

This was another clinical example because St. John's Medical Center started to recognize that housing was a precondition of good health and was a precursor of many of the illnesses and injuries they were seeing. So partnering with housing between housing and health can be very, very powerful. And it's a powerful clinical community example as well. And all of it needs to be linked together with equity.

Finally, we really want to build on our past learnings. We want to emphasize because we cannot forget what worked and what we've learned from recent funding initiatives including the one sadly that ended too early.

Emphasizing communications about what you're doing with key stakeholders, including policymakers is really critical. We really, really need to get the word out. And when we fail to get the word out, it's not surprising that people don't hear. So I really want to

emphasize that we maintain a constant drumbeat on what's working, on sustainable policy and practice, the kinds of changes we're seeing across different efforts that we're doing.

Julie will say more about that in detail, but contact us for support and resources. Support and resources from Prevention Institute from Convergence Partnership on advancing the community clinical intervention, on links between different topics such as violence and healthy eating and active living, on interdisciplinary collaboration and other partnership issues, and on supporting community prevention and equity. Sana is the best person to talk to about that.

In a couple of days we're going to be releasing a memo on recommendations for advancing community, clinical integration through the FOAs which will go into 40 times the detail I was able to discussing it here. So just send a note to Sana if you'd like to receive this. If you're already subscribed to our alerts, we'll put out a notice of that in any case.

So I hope this was helpful to you all. By emphasizing quality, we're going to have a huge impact on the health of this country. I'm very, very excited that these new opportunities have emerged even at a time when we've lost some of our previous efforts.

Thanks very much.

>> Matthew Marsom: Thank you, Larry. Thank you so much for that presentation.

Again, just a reminder to all of our listeners that the information that Larry provided in the slides will be available to download, including all of the resources and suggestions he shared.

I do want to note that in the Q&A we've had a number of questions that have come

in from people who are participating who may not have submitted for some of the funding opportunities where there was a required Letter of Intent. Of course, that is an issue. If you and our organization intended to submit that those deadlines for those LOIs have passed but at the same time, as Larry underscored, the nature of the way this funding works, we're hoping those organizations who are applying in their communities can truly collaborate. So for those organizations who may not have submitted a letter themselves, it's I think just equally as valuable for you to be able to participate in today's web forum and for you to be working in partnership with other programs and organizations. For example, where your state Health Department or large city may apply for a funding or another organization you partner collaboratively as well. I'm noticing in some of the comments we'll get to in the Q&A.

In the meantime, time is ticking on, I want to move directly if I can to our next speaker. And that is -- oops. I went too far. Amanda Navarro, the Deputy Director of PolicyLink.

Amanda, over to you.

>> Amanda Navarro: Thank you, Matthew.

Hello, everyone. Great to be with all of you today. Today I will be presenting on ways, considerations, and ideas for how to achieve health equity through these funding opportunities. So I'll be expanding on some of Larry's points on the importance of achieving equity and how best to do that.

As a way of introduction, for those of you that are not familiar with PolicyLink, PolicyLink is a national research and action institute advancing economic and social equity by

lifting up what works. I also would like to introduce the Convergence Partnership who's a co-sponsor of this webinar and also to briefly highlight their contributions to the efforts of supporting community prevention, and particularly these funding opportunities. The Convergence Partnership is a collaborative of eight major funders and healthcare institutions and the CDC is engaged in multi-field equity focused policy and environmental change efforts to achieve healthy people and healthy places. PolicyLink is the program director and Prevention Institute serves as the strategic advisor.

Through the investments and the joint efforts of the Convergence Partnership it seeks to create a nation in which every community fosters health, prosperity, and well-being for all. And the partnership focuses on three core priorities to do that: equity, policies and practices, and connections across people of multiple fields and sectors.

The partnership recognizes that a strong and unified advocacy voice is key to advancing equity in catalyzing action to shape policies for healthy people and healthy places. So one way in which we've done this is to develop specific community prevention, recommendations, and principles that were directly shared with the CDC's leadership as well as with broader networks to build momentum and amplify voices that are needed to advocate for the importance of equity and community prevention through the decisions of the CDC -- the CDC is making based on structuring these FOAs. The Convergence Partnership sees these FOAs as an opportunity to be more thoughtful and deliberate and that will allow us to not only sustain the good work that has already been underway but to go deeper.

What does equity mean? PolicyLink defines equity as just and fair inclusion into a

society where everyone can participate and prosper. To integrate and actually operationalize health equity, that means removing barriers so that every family has access to healthy food, public transportation, good jobs, affordable housing, and green space and places to be active.

So while these various realms may seem separate and at times we go about our work thinking that they're separate, they are interconnected and are vital parts of whole community and family life and they should be thinking much more holistically and integratively as we think through the plans for these grants. Therefore, the goals of equity must be to create the conditions that allow all to reach their full potential.

Why should we focus on equity through these prevention grants? Well, even though we're seeing that there are general population improvements and reduction in rates, heart disease, cancer, diabetes, obesity; overall life expectancy are still disproportionately affecting low-income people and people of color. And despite decades of efforts to address and close the gap in health disparities, they still persist and in some communities are worsening. And disparities will continue to add to already alarmingly high healthcare costs and continue to have detrimental impacts on our nation's strength and growth. As well, those who were already the furthest behind, that were hit first and worst by the recession, are still struggling to recover.

As we all know, places of proxy for opportunity which leads to good health and yet there are many places where we're seeing increasing economic and racial residential segregation which leads to a host of problems for communities from crime to divestment, loss of wealth, and the whole slew of disease and health conditions. It also perpetuates the

balance of where resources are concentrated and where they are not. Therefore, places where everyone can thrive is essential to our nation's health, growth, and prosperity. So for these reasons, equity is not just a moral imperative; it's an economic imperative, too.

When we talk about healthy communities, we mean equitable communities. And the way PolicyLink thinks about healthy communities and equitable communities is when we see that all residents, regardless of their race, ethnicity, nativity, neighborhood of residence or other characteristics are fully able to participate in the areas' economic vitality, which means having high-quality jobs for residents and producing businesses and economic activity so that that area or region remains sustainable and competitive. It also means that residents are able to contribute to the area's readiness for the future, that we have a skilled, ready workforce and a healthy population.

And third, communities that are helping equity allow all residents to connect to the areas, assets, and resources. So really being able to access essential ingredients to live healthy and productive lives in their own neighborhoods, throughout the region via transportation or technology, but it also means allowing residents to participate in political processes and interact with one another.

There are three ways that I'd like to focus on as it relates. So how can you think about ways to achieve equity through these prevention grants? The first is assessing the equity context. The second is strategic development and evaluation. And the third is community engagement. And I'm going to go into each of these a little bit deeper.

When I'm assessing equity context, getting the full equity context of a place whether

it's a neighborhood, a county, a census track, a jurisdiction, it really requires a much more sophisticated and nuanced analysis that brings to life the interplay between policies and practices in equities and health.

So going back to my definition around healthy and equitable communities and the three elements to create that economic vitality, readiness for the future, and connection, think about indicators that go beyond just the traditional health outcomes and looking at things like under economic vitality, the number of jobs and the types of jobs and who are getting those jobs as ways to really identify where those opportunities are and where they are not.

Where are the strongest industries and occupations?

Do you have a healthy workforce?

Do you have a skilled workforce?

What is the level of degrees and educational attainment compared to skills needed for future jobs?

And thirdly, around connectedness, looking at segregation whether that's increasing or decreasing; looking at concentrated poverty and issues like transportation and access to healthy food.

As far as strategy development, this is really looking at, well, what are the types of policy and systems change strategies that you will be identifying to put forth through the next three years through these grants? Are you identifying strategies that will have positive impacts on equity and not perpetuate them? What are you doing to ensure that your strategies will not cause further harm and traumatize communities? And how will you measure this?

So looking at and prioritizing policies that are important to low-income communities and communities of color and other vulnerable populations is very important. Also think about how you'll target your benefits and prioritize the provision of resources. So thinking about the re-granting, who will they go to and where and for what purpose?

And ultimately, the most important element here is that equity is the criteria for you to think about and include as far as how you will prioritize and identify all of your policy and systems and environmental change strategies.

When you think about evaluation, again, looking beyond just the health outcomes and what are some of the specific equity outcomes to ensure that distribution of benefits are equitable and serve those that are most impacted by a poor health. So this will require not just really looking closely how you articulate your strategies but also how you're implementing them to ensure that equity is not being lost and, also, working with your partners to monitor outcomes to ensure that the distributions of benefits are equitable.

Now, a critical element to ensuring that you will be achieving equity in your communities is through community engagement. The knowledge and the perspective of low-income communities and communities of color is vital to turning visions into reality. But we've seen time and again and in previous grant programs the lack of engagement in the process sometimes results in opposition to results. That doesn't reflect community needs. So deep community engagement is really transformative and will be transformative in the way communities are not just informed or invited to participate but actually have a strong role in shaping the process and making decisions.

So the impact of these grant programs will be sustainable over a longer period of time, way longer than the grant period, if you work with the community to come up with solutions and include them in making those changes together. So it requires asking some questions around who is at the table and what table are you asking them to come to. Is it a focus group or a Town Hall Meeting versus a governing board that actually has power to make decisions in the community?

>> Matthew Marsom: I think we just lost Amanda. We lost Amanda. So what I'm going to do is just because of time -- Amanda may dial back in. It looks like her phone dropped off. We'll keep where she was on her slides and in case she's able to dial back in and perhaps someone can try to reach her.

In the meantime, I'd like to introduce -- if you can make me the presenter, I'd like to introduce our next speaker. Apologies to coming to you so abruptly, Julie. But I do want to take an opportunity to introduce Julie who is a new participate in Dialoge4Health. And this is your first-time participant.

Julie is the Senior Director of Policy at the Comprehensive Health Education Foundation. She has received numerous awards and has been publicly recognized as an outstanding leader in public policy, advocacy. During her time at the Comprehensive Education Foundation she has advocated with partners and helped them secure legislation and budget funds, organized and mobilized state-wide prevention, grassroots efforts, and has been involved in numerous state and federal level policy efforts. Julie is passionate about the impact individuals, communities, and organizations can make on public policy issues through

the use of effective advocacy skills.

Julie, we're really thrilled to have you today as a participant in this web forum and look forward to hearing your contribution as panelist.

Thank you, Julie. Over to you.

>> Julie Peterson: Thank you so much. It's a pleasure to be with you today and to be joining you.

Let’s talk about what we can do going forward to make sure our policymakers are very informed about our efforts and our good use of federal funds and the investment of these funds in our communities.

I always like to remind people all politics is local. And this quote is often attributed to the former Speaker of the House Tip O'Neill. It was his father that shared this advice with his son the one and only time he lost an election. And that was because he said you weren't paying enough attention to what's going on with your constituents. You need to really be listening to them.

And that's what I want to share with you. Even though CDC will be collecting success stories and we are very lucky to have great national advocacy partners, Trust for America's Health, the Prevention Institute, nobody can tell a story of what you are doing in your communities with these Prevention Funds like a constituent can. And you are the ones with the power. And you must be telling the story. My advice to you is that you must just do it.

Often my experience with folks is why they don't take the first step. They're worried that it's lobbying. And that is not the case at all. When you are sharing information with an

elected official or their staff about what you're doing with funds, that is not lobbying; that's simply public education and you are on safe grounds to do that. The other piece of it is that they don't feel that it makes a difference. And I'm here to tell you it does.

The other thing is people often don't take action because they don't know how to do it. I'm going to take a few minutes and talk to you about how to do it and do it effectively. First of all, this may seem very basic, but do you know who your members, your senators are? It's ok if you don't. The easy way to do that is go to congress.gov. You can very easily access information about who your member of Congress is.

And, of course, as everyone knows, you have two U.S. senators in mid-term elections. And we have some key Senate races. So depending on the state you live in, you're getting bombarded with campaign ads, campaign material. I advise people to talk with your local grapevine, your personal network. Though I had a younger staff person this week tell me that that's not something she would do over beers with colleagues, but to each our own. And, of course, there's always the internet to learn about your members. And that's what you want to do. Who are they? What do they fight for? What do they believe in? What do they tout on their websites?

Now, to get ready, I want you to be able to craft your message and put together what I call the one-page leave behind. This is the basis of your success story going forward. In that as you're crafting the message about you, who are you? You're going to be putting together a description of the program or the grant. Hopefully you've just been awarded a grant or you're receiving some other federal funds. What action are you taking? And what do you

hope to accomplish at the end?

I don't want you to wait until you have success stories or outcomes. As soon as you get these grants, I want you to be meeting with your federal members and start talking and building these relationships. It's really critical.

Now, I'm going to show you in a minute an example of what a one-page leave behind that will morph into your success story looks like. Again, it needs to be one page. Staff and members don't have time to read anything more than that. It needs to be a brief description of the program or the grant.

Again, what action are you taking? What are you hoping to accomplish with your outcomes and successes? And I'll show you this format in a minute. White space all the way around. I like you to have a congressional district map on there. What's the area that's being served? If there's a particular area within the congressional district map, I like to have a star that shows that. Make sure you have contact information.

If you're citing studies or particular information, make sure you have footnotes in there. And please, please, please, make sure you're citing the name of the program. So, for example, if you're get one of these new grants, put the name of the grant. If it's from the Preventive Fund, put the Prevention Fund on there. If it's combined with Preventative Health Services Block Grant, put the title of the program on there. It's helpful for congressional staff and members to see that.

What you're now seeing on the screen is an example. I actually sit on our state's Preventive Health Services Block Grant advisory. And this is a template we developed about

seven or eight years ago because we were worried when the block grant was under threat. This was something we developed to communicate with our members of the delegation. You can see it's got a nice title. We've got what the issue is. Very succinct. We're going to look at changing that the action we're taking -- intervention sometimes slows it down with congressional staff. Here's the impact. There's the contact. Again, here's our state map. We've got the congressional district and then, of course, the footnotes.

And this is from our State Department of Health. Again, that's how we put the logo on. We have another version of this. And we have our multi-sector partners on that, too, depending on who's passing this around.

This is, again, a very easy piece. Remember, with congressional staff, especially DC staff, not all of them come from your state so it's really helpful for them to be able to right away know what part of the state they're talking -- you're talking about.

Also, just because you have health in your title does not mean you have health in your background. You could be an art history major and you have multiple portfolios of different areas that you have to handle for a member. So, again, this is a nice way to use plain -- again, plain, jargon-free language in that success story.

So there you go. That's an example of one. There are more. On Trust for America's Health, if you go to that link that Rich talked about in the beginning in his slide, all of our Washington State stories are there. Or if you can't find them, at the end of my presentation you will find my e-mail and I'm happy to send those out to you.

So when you're getting ready for your initial meeting with members, staff, -- and,

again, staff, don't be disappointed if you get staff members. They usually have more bandwidth than a member and it's a great entree in. I want you to decide who's going to go from your local coalition. I find that there is comfort in numbers. I think three to five can be a great initial meeting with district staff. I'm going to encourage you to go from the district. You don't have to wait to go to DC. I want you to choose one to two spokespeople. I want you to practice, practice, practice about what you're going to say when you go in for that meeting. And your pitch should be no more than five to 10 minutes. Again, you've created this -- your leave behind. And then I want you to call the district office to set up your appointment. Ask for the staff person who handles health issues.

Usually in the district office they're dealing with a lot with constituent issues, but the staff also is assigned portfolio. And they'll have health. Ask for that staff person's name. Get their key info, their name, their e-mail address. Make the appointment and make sure to ask about how long that appointment will be. Usually it's about a half-hour.

Leave your contact information including your cell number in case something changes. And oftentimes things do. Then send an e-mail confirming that appointment, who will be attending, that's a courtesy, what's the topic. And then send your one-pager in advance so they have some time to be able to read that.

On the day of your appointment, make sure you arrive 15 minutes early. And before the appointment, work with your colleagues to practice, practice, practice your message; again, that you're multi-sectoral, how you're using those Prevention Funds what you're going to be looking at doing going forward, what you're hoping to find.

At the meeting I want you to make sure that you do introductions all around with your group. Then I want you to stop and then ask the staff person to introduce themselves. Ask them a little bit about themselves. What I want you to get from them is how long they've been with the member, what else are they responsible for, have they grown up in the area. Those are the kinds of things you're listening for.

Then you're going to make your pitch. Then I want you to really listen. What kind of questions do they have? What are they curious about? What are they concerned about? That's what I want you to do is listen. Sometimes that's the hardest thing. Make notes.

And then when you get through that phase of the meeting, ask the staff member about what they're interested in, what the member's interested in and what do they need help with. And sometimes there's something readily you can tie your issue to or there might be something that you can't but that's something that you can continue to build the relationship on.

Find out how they and the member like to receive their information. I'll give you an example of that. As you do to U.S. senators -- I have one senator that really -- they both like that one-page success story format I just showed you. But I have one that likes it more in a narrative format. And I have one senator that likes a little bit of a narrative but she wants three data points. So we change that up for both of them. So that's what you're doing. You might need to tweak with your members.

Always follow-up with whatever you promise to send them. And always send a thank you. Now, if you happen to be in DC, that thank you needs to be at the form

electronically. Never send anything paper. It has to go through an eradiation process and they'll get it six to eight weeks later and it's dust. You can send something through the mail to your district office.

Building the relationship. I want you to remember it's not one meet and it's done. You need to put building the relationship into your work plan. I want you to remember to invite members and staff to events you host. If you're creating a newsletter, an eNews or media releases, make sure you regularly put them on your distribution list. Make sure to schedule a short visit or meeting to provide updates on what's happening with your grant. If you're out in the community after your initial meeting and you see them, always go up, re-introduce yourself. Don't assume they know you and that's ok if they don't. They meet a lot of people. Your courtesy will be appreciated. Again, introduce yourself. And, again, what program is that you're with. Maybe one or two points that you want to make about that.

And make sure you sign up for their eNews, Facebook, Twitter accounts from your members. They need a tremendous amount of information to feed those accounts. As you become a trusted resource about what's going on with your grant, don't be surprised to not see yourself featured in what they're doing with their information.

What I want to remind you about is alone we can do so little but together we can do so much. We work really hard in our state to do state collaboration together and really support one another. I want to give a great example of that. We're very fortunate to have John Wiesman as our State Secretary of Health. He's been really clear with our CTG grantees that public education is really part of the grant and has been encouraging people to meet with

members.

They have been very appreciative of efforts in our connection. So many of them did not know about the Prevention Fund; with the exception of Senator Murray. They were very glad to have the connections. I have to say, even some of the Republicans that we facilitated those meetings -- I happened to meet with a staff member again this year and she was very appreciative of being connected with one of the two-year grantees. We were able to put together some great success stories. We know it was really tough for some of our locals to be able to put those together.

Our State Department of Health really worked not just on the stories for their grant but reached across to some of the other grantees, the two-year grantees, our tribal grantees and were able to put together a really beautiful portfolio of success stories for Senator Patty Murray. I really have to thank and acknowledge Janna Bardi from our Office of Healthy Communities for doing that and her staff.

So what we try to do is really maximize when people are going to DC. So, for example, when John Wiesman was in DC in February, I happened to have a trip in March and then was able to follow up and meet with staff again and reinforce what he had to say. We try to make sure we share our success stories with national partners like Trust for America's Health because we want to over and over again reinforce the good message that things are happening with these funds, that they are a good investment, and that they are being leveraged. And we try to be a cheerleader for each other in other communities within the state and we really need to do that. We need to build that synergy and have all of our partners

speaking about that.

So with that I'd like to conclude and thank you so much for this opportunity. I really want to encourage you to connect with your members. I know from our own experience they do want to hear from you. And I can certainly express just from our own Senator Patty Murray, she wants to hear more from us. So I suspect you also have a lot of those opportunities, too, with your own members. And I can encourage you that it is a very rewarding relationship to begin to build those relationships and see where they go.

Thank you so much.

>> Matthew Marsom: Thank you, Julie. I want to just thank you for underscoring such a critical point that's so often overlooked or misunderstood, which is that communications and that public information, including to those elected officials who are -- they're no different in some respects in thinking about a private or foundation or philanthropy who's funding you. It's vitally more than that they hear about the work that the dollars they're approving are making a difference in communities. So many people think of that as being advocacy or lobbying and it's absolutely not the case. Thank you for underscoring that.

I think as you look at the two pillars of the conversation we're having today in today's forum, on the one hand underscoring these important six new funding opportunities and the other, I think, equally important side of that coin is how do we make sure that we're championing the importance and the value of these funds in communities as they are released; and, of course, as we move down the road for those who do get funding, how they make a difference in neighborhoods, communities, cities, towns, rural areas. It's vitally important.

Thank you.

I now want to have an opportunity to go back to Amanda Navarro with PolicyLink. Amanda, you unfortunately dropped off right at the end of your slide. So I do want to have an opportunity, if you can. We can go back to your slides very briefly if there's anything further you wanted to say. I'm so sorry we lost your audio momentarily.

Amanda?

>> Amanda Navarro: Thank you, Matthew. I appreciate it. Luckily I was at the very end and I happened to lose phone and internet service in my office. Technology is very reliable these days.

I just wanted to end by saying that these lists of questions are really just for all of you to take and consider as you develop your proposal and your community action plan, almost like a reference point, to really think through at every step of your process and how you're developing your strategies and how you're integrating a community engagement component throughout your plan that you are sort of addressing these questions.

The first set of questions really speaks to your strategies and to evaluation. And then the next slide really looks at some key questions around your partnership and making sure that when you think about community engagement, I think just one important distinction is that community engagement, engaging the residents and the people most impacted by inequity, that is different from institutional partner engagements. So just making sure that that's a clear distinction that you're making when you're thinking about your coalition.

And then as others have said, I, too, feel these are just very exciting opportunities,

and particularly to advance equity through increased improvement of the health of our people, to being able to transform communities into healthy places, and to overall become a strong and prosperous nation.

With that I just wanted to also, again, share our website, policylink.org. We've got a number of resources that include tools to be able to help you develop your proposal including the Community Engagement Checklist. There are regional equity profiles that give you a list of indicators that might give you some ideas about how to transform your equity analysis and some key reports around place and race matters, healthy food and infrastructure.

I turn it back to you, Matthew. I appreciate the extra time.

>> Matthew Marsom: Thank you so much. I wanted to have an opportunity to reach back to you on that. Thank you, Amanda.

Now let’s move to Poll 4. After listening to the panelists today and outlining the funding opportunities and also talking about how it's important that we advance this approach to community prevention, I think it's important that we ask you, the audience, what additional types of resources will be beneficial as you apply for these funding opportunities. So I'd like you respond to the poll. We only have about another minute left.

[Reading the poll from the presentation.]

I would just take a moment to editorialize. I think one of the things that I think would be really important, just looking at the hundreds of people participating in the web forum today, I think it's an increased opportunity for dialogue both within communities, regions, and across the country. That's what the value of Dialoge4Health is but also between these web forums so

the people who can learn about who's applying in their community: if I didn't submit an LOI myself, how can I can attribute or my organization, my community program, my coalition participate? Or, you know, how can I work with others in other parts of the country who might be applying? That's obviously an increasingly valuable resource in this day and age between the organizations who are co-sponsoring this forum. I think it's something we can commit to doing, I think.

So please respond to Poll 4 on the slide.

With that, just want to thank our speakers so far. And now on up to our panelists, if I can, for a conversation in the final 10 minutes remaining before we close the forum, I'd like to open back up for Richard Hamburg, Larry Cohen, Amanda Navarro, Julie Peterson. Julie, it escaped me the name of your organization again. It's the Comprehensive Health Education Foundation. I apologize, Julie. Of course, me as moderator. I want to open up the panel for conversation so we can discuss the comments that have been raised, the questions.

And I'd like to ask first if I can, Rich, your advice and recommendations to people out there in the community who perhaps are beginning to apply for their funding, looking at the different funding opportunities. What would your advice and recommendation be, Rich, to people listening today?

>> Richard Hamburg: I think important to note that the way that these programs are all put together, there are opportunities to partner even if you're not the direct fundee so to speak. So if you're an interested party, missed a deadline for the Letters of Intent, a lot of partnership opportunities here. And, in many cases, there are re-granting possibilities under some of

these programs. So don't give up hope if you're late to the game, so to speak. You may very well still be able to play a key part in these community grants.

>> Matthew Marsom: And other members of the panel, thoughts to this?

Just want to make sure we can take people off mute if we can and have an opportunity for conversation.

I would like to ask Sana, as well as, Prevention Institute, also on the panel as well if there are additional thoughts or comments you could make as resources available as well for our audience today.

>> Larry Cohen: I just feel like, you know, between us -- this is Larry. There were a lot of resources. We have a lot of resources, for example, on collaboration and particularly collaboration multiplier tool on interdisciplinary collaboration, obviously the work on link healthcare and community health, and also a good deal of information on equity, particularly at the community level and the notion of community determinants.

I want to encourage people, particularly some of the people who wish they knew earlier about the Letters of Intent, I want to encourage everyone to sign up for our variety of listservs. We were very early in encouraging people to submit Letters of Intent. In fact, even if you're not sure while a Letter of Intent is binding, the content of it, what you're committing to can change entirely. If people are receiving our materials or those of some of the other partners here, you'll get the information earlier. As well as being part of the overall momentum that we're all participating in to have more resources like this and to really promote community health and well-being and equity.

>> Matthew Marsom: A question from Susan Spilla. Rich, you answered online, but I'd like you to answer it for the benefit of the others listening as well regarding the REACH funding. You made a comment, Rich, that zeroed out in the President's budget as I believe it's been before. Could you just address that question again? What that means for future years.

>> Richard Hamburg: This is a program that traditionally -- and there have been other programs that have been zeroed out in prior presidential budgets. Often what happens if -- and this will happen at the state and local level as well. If there's a program that the Executive Branch knows is strong support in the Legislative Branch, they won't necessarily put it in their budget knowing that the appropriators in the Legislative Branch will put it back in. But that's sort of a little bit of -- more than a little bit of a dangerous game to play; particularly as those who are following federal appropriations, sometimes there are no federal appropriations. So that makes it a little more difficult.

Keep in mind that the importance of what all the speakers have mentioned, as far as communicating success and talking to policymakers, need to talk about the importance of these programs. Each program is only one Appropriations Bill away from seeing the funding ending. Not saying that's going to happen with the REACH program specifically, but one must keep in mind that perseverance is the word of the day; always has been, always will in supporting and advocating for these programs and showing the successes.

>> Matthew Marsom: Amanda, you talked a great deal about advancing health equity. I think we're recognizing, I think, that health equity is getting a greater deal of attention than I think has ever been before, which I think is welcomed. Perhaps before we end the forum, would be

grateful if you could underscore again what you think those listening today can do to make sure they're addressing the health equity to the fullest extent, whether they be a state health department or community-based organization.

Amanda, you might be muted.

Amanda, are you still there?

>> Amanda Navarro: Yup. Sorry about that. Just to go back to two things that I think right now is an opportune time to really consider. Again, going back to this question of who is part of your partnership and coalition and who isn't. And are there grassroots, community organizations? Are there community residents that could be brought on that you need to connect to, that you need to do really work to engage in this process? And being able to provide them with the resources and information that they need to really see their role in this work and also that they will need to identify their own solutions or shared solutions to advancing health and equity through these grants.

And then, Matthew, you did the example of health departments. I think, you know, health departments have great knowledge and wisdom and evidence on these various types of social determinants of health. Really working with your health department to consider, well: How have we analyzed our data? Are we just looking at individual health outcomes? Are we looking at the community conditions and the root causes underlying unequal distribution of resources? Who is it impacting? And really doing, again, a more nuanced analysis of race, ethnicity, income across these different indicators to really give you a sense of how the strategies should be developed and targeted, to whom, and what's the particular outcome that

you would like to see.

>> Larry Cohen: I'll just add when Amanda is talking about the strategies, that also means the resources. The resources need to be targeted at disenfranchised populations and shared with disenfranchised populations. That's probably one critical litmus test.

>> Matthew Marsom: Larry, another issue that you flagged during your presentation which is I think of critical importance when we look at what the funding is trying to address is the connection between prevention and healthcare and particularly the link of clinical community linkages. I wonder if you could speak to that as we approach the end of the forum and underscore some critical take-away messages for our audience.

>> Larry Cohen: I think that there's always been kind of a notion that a lot of healthcare would be unnecessary if we advanced prevention. We can't prevent everything, but we could prevent a significant amount of chronic disease and injuries, for example, which are overloading our healthcare system.

But increasingly, we want to encourage healthcare and things like payment mechanisms get in the way of that. We want to encourage healthcare to start to really engage as co-leaders with us in advancing community prevention in identifying, as an example showed on the screen: Wait a minute; if we did something different in the community, that pipeline of illness and injury would start to become reduced. And I think there are a number of different strategies related to data. There are a number of different strategies recommended to advocacy and public speaking. There are a number of different strategies related to payment mechanisms.

The Institute of Medicine is going to publish an article that Tony and I have written called "Closing the Loop," which really talks about how do we take our taxes, our fees, our funds, combine them with the savings that come from effective prevention to start to build more sustainable prevention? And we think that some of the resources and some of these grants can start to become the evidence and the methodologies and that we can turn that, then, into more sustainable funding sources if we start to work with healthcare; not only on making healthcare effective but even more so on advancing community health and well-being.

>> Matthew Marsom: A question from Ada. If CDC will not be posting a list of organizations that submitted otherwise, will they put up a list of those who are funded?

I can answer with certainty, Ada, that based on prior experience the CDC will be posting online when these funds are awarded all the names of the organizations and also the amounts of the funded to state health departments or local health departments. That information will be posted online as I think CDC's normal course. So that will be available to you.

A question that came in for Amanda from Sarah. Do you know of any university extension institutions or programming that have good examples of supporting health equity?

I'm not sure if you can address that on the spot or something we can follow-up on.

>> Amanda Navarro: I'd be happy to follow-up on that.

>> Matthew Marsom: Great. So Sarah, thank you for your question.

As we approach the end, I'd just like to ask Julie, this is a bit -- just as a close thought because you underscored the importance of sharing the value of these community

prevention programs, if you had just an action that someone listening today over the next few weeks and months is going to go back into their community, go back to their community, the neighborhood, what's the one or two things you would recommend that they should do to highlight and share the value of community prevention with leaders in their community and policymakers at a federal level?

>> Julie Peterson: I would contact their district office and go in and talk about what it is they're doing right now with federal funds. It was amazing to me how appreciative and excited -- and this is throughout the state, this is Democrats and Republicans. We heard over and over again in our state that they were glad to be contacted, glad to hear what was happening, and happy to have that feedback. And I think from that example that we shared, it's not a lot of information, it's not really hard to put that together. And you don't have to wait until you have, you know, publishable outcomes. They want to be engaged in the dialogue now.

>> Matthew Marsom: You have to be engaged in the dialogue now.

On behalf of Dialoge4Health I want to thank all of our panelists for their participation in today's forum: Julie Peterson with the Comprehensive Health Education Foundation; Amanda Navarro with PolicyLink; Larry Cohen with Prevention Institute; and Richard Hamburg with Trust for America's Health. I thank you each for the fantastic presentations you've provided today.

For our audience, all of the audio as well as the slides will be available on the Dialoge4Health website. You can download the audio and the slides or make sure -- we'll make sure we get that available.

I believe we had one comment, which is that Sana wanted to make a comment. Certainly you're a valuable member of this team. So go ahead and make the comment you wanted to make.

>> Sure. I wanted to encourage -- Prevention Institute will work hopefully in partnership with some of the co-sponsors, do our best to put together a list of who is applying. So if you want to e-mail me, sana@preventioninstitute.org, if you're applying, we'll send out a call to our listserv as well and put together a list based on the information that we have and then share it back out.

>> Matthew Marsom: Yeah, echo that. If people want to get in touch with us, we can -- if you registered and you have the contact information, let us know if you are responding to these funding opportunities. We'll do our best to share that with others who are listening today.

I want to also thank our behind-the-scenes staff who have been incredible in providing the support and preparation and implementation of this forum. Star Tiffany and Holly Calhoun, thank you both. And I thank our co-sponsors:

[Reading from the presentation.]

And thank you again for listening to today's web forum, Moving Community Prevention Forward: New Funding Opportunities to Advance Community Health and Equity. All of this information will be available online. We look forward to talking to you at our next web forum.

Thank you very much and have a great afternoon. Goodbye.

[The web forum ended at 2:33 p.m.]