**Cost-Effective Childhood Obesity Prevention Strategies in Your Community**

The CHOICES project at the Harvard Prevention Research Center on Nutrition and Physical Activity at the Harvard TH Chan School of Public Health (HPRC) is pleased to announce a Learning Collaborative Partnership opportunity to support states, cities, and counties in preventing childhood obesity by building local capacity among decision-makers to choose and implement cost-effective strategies. The expected impact of this Partnership will be to engage decision makers and promote discussion and action to ensure that more of our scarce local, state, and national public health resources are directed towards more cost-effective interventions. Participation in the Learning Collaborative Partnership will provide guidance to local decision makers on what may be the best-value strategies, including those that reduce childhood obesity and also reduce disparities in obesity and associated health outcomes, ensuring more children have healthier years ahead.

**Background**The U.S. childhood obesity epidemic impacts all segments of our society. Action by governments, foundations, and other relevant institutions is crucial in addressing this issue, but controlling childhood obesity is complex due to the many risk behaviors involved, which are shaped by multiple environments. A reduction in obesity rates will not be achieved using a single intervention approach, but instead will require a social ecological perspective on cause, and the need for well implemented, cost-effective multi-sector and multi-level interventions.

The CHOICES project was developed to address these issues and produce recommendations for the most cost-effective childhood obesity interventions and implementation strategies across a range of ages, settings, and sectors, including School, Early & Out of School Time Care, Clinical, Transportation, and Community & Government. The CHOICES team has successfully developed methods for cost-effectiveness modeling that provide a “level playing field,” so that a wide range of interventions can be fairly compared using common measures such as the number of people impacted by the intervention and the cases of children with obesity that would be prevented by the intervention. Additional information about the CHOICES project can be found at [www.choicesproject.org](http://www.choicesproject.org), including peer-reviewed publications of our model results at <http://choicesproject.org/publications/>.

**Project Period:**July 2017—June 2018 (12 months)

**Application Dates:**

April 21, 2017- Application available on

 [www.choicesproject.org/work-with-us/](http://www.choicesproject.org/work-with-us/)

May 3, 2017 3:00-4:00 PM EST- FAQ Webinar

<https://meetings.webex.com/collabs/#/meetings/joinbynumber>

Meeting Number: 192 095 638

 Call Number: 1-415-655-0001

 Access Code: **192 095 638**

May 31, 2017 5:00 PM EST- Application due

June 15, 2017- Awardees notified

**Project Outline**The CHOICES Learning Collaborative Partnership will support state and local health officials and agencies in the implementation and spread of best practices learned from states demonstrating innovative obesity prevention strategies. Health agencies participating in the CHOICES Partnership may be asked to develop teams across sectors that may include clinical, community, local public health and/or education agencies, or other local government agencies.

**Benefits to Local Partners**  Health agency partner awardees will receive:

* Numerous training opportunities and technical assistance through site visits and in-person meetings
* A complete package of tools and resources to use for the initiative to identify your organization’s priorities
* Virtual technical assistance through online meetings, webinars, or conference calls
* Support throughout the project period to ensure that your key findings can be used to inform decision-making, strategic planning, and tactical implementation by your local partnership team
* Guidance in the development of tailored, local-specific childhood obesity prevention intervention strategy cost-effectiveness estimates

 **What the CHOICES Partnership Will Provide to States, Cities and Counties:**

* **Funding resources** for partnering organizations (approximately $50,000 per organization). Funding support, technical assistance, and training will be provided to up to four partnerships throughout this award cycle to develop a menu of key obesity prevention priorities
* **Opportunity to participate in a series of learning collaborative sessions** facilitated by the CHOICES team, and supported by staff from the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO):
	+ Two required in-person meetings in Boston attended by the project lead and supporting project staff, such as epidemiologists and relevant local partner agencies as appropriate (funding for travel provided by CHOICES )
	+ Three required virtual meetings, attended by agency lead health officer, project lead and supporting project staff, including relevant local partner agencies as appropriate
	+ Bi-weekly check-in calls with CHOICES team, state project lead and supporting staff as needed, including relevant local partner agencies
* **Opportunity to participate in two local technical assistance sessions** organized for local stakeholders, including agency lead health officers, project lead, support health agency staff and other identified local agency staff/partners led by the CHOICES team along with ASTHO and NACCHO staff
* **Technical assistance from CHOICES team** for cost-effective evaluation of interventions that prevent childhood obesity, including evaluating:
	+ intervention effectiveness
	+ intervention implementation cost
	+ cost-effectiveness
	+ impact on specified population obesity rates, population health, and health disparities
* **Technical assistance tools and implementation resources** to enable partners’ increased capacity for using CHOICES decision tools and decision processes

**Expectations of Partners**  Health agency partner awardees will be expected to:

* Identify two focus interventions from a menu of over 30 options that can be tailored to your individual area
* Identify and collect relevant data to tailor models to the local context; When interventions selected for consideration involve other partners/agencies not within the health agency itself, stakeholder participation in at least three relevant technical assistance calls will be required; involvement of local partner agencies can be critical in ensuring collection of data depending on specific sector/interventions chosen
* Share tools and resources used or developed by project teams during the project with the CHOICES team
* Submit mid and final project reports (templates will be provided)
* Attend in-person kick off meeting, local meetings, participate in relevant webinars and conference calls; partners must have capacity to participate in virtual meetings through WebEx platform. Attendance at project meetings and webinars/calls is required as noted in timeline below; please note that senior health officer/official and senior deputy participation is required at specific sessions
* Share experiences/best practices with agency staff and leadership, as well the CHOICES team (information will also be distributed to the project funder and national partners as appropriate)
* Provide feedback and suggestions on project activities as requested via questionnaires and/or interviews with CHOICES team
* Participate in communication activities including the promotion of learnings and results to other partnering local agencies and stakeholders
* Link project activities and findings to the agency’s quality improvement plan, health improvement plan, and/or strategic plan

*Funding for CHOICES comes from The JPB Foundation.*

**Request for Proposals**

# Important Information:

# Purpose: The CHOICES project at the Harvard Prevention Research Center on Nutrition and Physical Activity at the Harvard TH Chan School of Public Health (HPRC) is offering this request for proposals to support states, cities and counties in using cost-effectiveness analysis methods in planning childhood obesity prevention efforts.

* 1. Eligibility: Local public health agencies that represent one of three geographic areas: 1) states; 2) large cities (with populations of 500,000 or more); or 3) large counties (with populations of 1 million or more).
	2. Proposal contact/questions: Submit questions and applications electronically to cgiles@hsph.harvard.edu with a subject line ‘CHOICES Learning Collaborative Partnership’. Interested applicants are encouraged to participate in a webinar on May 3rd at 3:00-4:00 pm EST regarding this opportunity. Please join via WebEx at <https://meetings.webex.com/collabs/#/meetings/joinbynumber> using Meeting Number 192 095 638. We recommend joining audio via phone at 1-415-655-0001; Access Code 192 095 638, though audio is also available through your computer. Please allow several minutes for your computer to download the WebEx software if necessary. Please select one person to participate in the call as a representative for your agency as space is limited.
	3. Monetary assistance available to awardees, contingent on available funding: The HPRC CHOICES team intends to fund up to 4 state, city and/or county health agencies for this 12 month period. The size of award may vary with the scope of project and awardees; the expected award is $50,000 per awardee.
	4. Estimated period of performance and final report date: The learning collaborative project period is July 1, 2017 through June 30, 2018, with final reports due by June 15, 2018.
1. **Project Timeline**: Local teams are asked to hold the dates for the meeting times already specified:

|  |  |  |
| --- | --- | --- |
| **Date** | **Activity** | **Team Members** |
| July 2017July 20, 20171:00-4:00 EST | 1) Project Baseline Survey (online)2) Interviews (scheduled with HPRC individually)3) Learning Session 1- Virtual Kick Off Webinar | 1) All local team members2) Local project lead3) All local team members, including partner agencies as relevant to specific interventions of interest, lead health official and senior deputy health official |
| August 1-2 2017 | 1) Learning Session 2- In-person learning collaborative session in Boston | 1) Local project lead, content expert, epidemiologist, other health agency or partner organization staff  |
| Sept 18th- Oct 6th 2017 | 1) Learning Session 3- Local stakeholder meetings/HPRC/ASTHO/NACCHO site visits | 1) All local team members, including senior health official and senior deputy and other relevant agencies/organizations |
| October 31, 2017 | Health agencies teams finalize interventions for modeling | 1) local team members, including partner agencies as relevant to specific interventions of interest |
| December 15, 2017 | Health agencies teams finalize hypothetical implementation activities for modeling | 1) local team members, including partner agencies as relevant to specific interventions of interest |
| Jan 23rd – February 15th 2018 | 1) Learning Session 4- In-state stakeholder meetings/ HPRC/ASTHO/NACCHO site visits | 1) All local team members, including senior health official and senior deputy and other relevant agencies/organizations |
| March7, 2018 1:00-4:00 pm EST | 1) Learning Session 5- Check-in Webinar | 1) Local project lead, content expert, epidemiologist, other health agency or partner organization staff as relevant |
| April 13, 2018 | Draft communications plan and draft report due to HPRC | 1) local team members, including partner agencies as relevant to specific interventions of interest |
| April25, 2018 1:00-4:00 EST | 1) Learning Session 6- Check-in WebinarDraft reports and implementation plans due | 1) Senior health official and senior deputy , local project lead, content expert, epidemiologist, other health agency or partner organization staff |
| TBD: Approx. end of May/Beginning of June 2018 | 1) Learning Session 7- In-person learning collaborative session in Boston | 1) Local project lead, content expert, epidemiologist, other health department or partner organization staff  |
| June 2018 | 1) Project Follow up Survey (online)2) Interviews (scheduled with HPRC individually) | 1) All local team members2) Local project lead |
| June 15, 2018 | 1) Final reports due to HPRC | 1) Local project lead |

**Disclaimer Notice**: This request for Proposal is not binding on the HPRC, nor does it constitute a contractual offer. Without limiting the foregoing, the HPRC reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement or cancel the RFP; to waive any deviation from the RFP; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFP. Under no circumstances shall the HPRC be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.

# Required Proposal Content and Selection Criteria: Required components include-

# Application cover letter from the state or local health agency’s “principal” (i.e. lead state or local health official or head administrator) indicating:

# Support for the project;

# Vision describing how the project will link to other organizational initiatives and potential areas of support;

# Assurance of participation in the project as outlined in the application timeline including: Participation in two webinars with the CHOICES team and other LCP leaders, and Attendance at two in-person, local stakeholder meetings (Fall, 2017, Winter 2018).

# The letter must also name local leadership designees such as a Senior Deputy Leader and a Local Project Lead, the primary contact for the project with responsibility for participation in all project activities and completion of project deliverables. Please provide name, address, e-mail, telephone number of the Local Project Lead.

# Required Proposal Content and Selection Criteria:

# By submitting an application, applicants agree to adhere to all project requirements and deliverables within the stated project timeframes. Applicants must-

1. Complete the project application.
2. Submit a budget and budget justification for activities/staff (not considered part of the 5 page limit).
3. Be able to comply with **CHOICES Learning Collaborative Collaborative Partnership** contract requirements and execute a memorandum of understanding (MOU) with **CHOICES Learning Collaborative Partnership (Harvard T.H. Chan School of Public Health)** within 30 days upon notice of selection (see draft MOU attached to application).
4. **Applications will be reviewed and sites will be selected based on the following considerations:**
5. Completeness and quality of the application; see additional information on proposal scoring in the proposed scope of project section of the application
6. Demonstrated capacity to meet the project requirements.
7. Letter(s) of support from the public health agency’s leadership, the local lead health official, indicating support for the applicant’s participation and completion of MOU obligations.
8. Letter of support from relevant partner organizations representing potential or proposed key sector(s), setting(s) or age group(s) relevant for your proposed collaboration indicating their agreement take part in the project. You may propose to work in a particular setting (e.g., school-based interventions), focus on a particular age group (e.g., intervention focus on adolescents) and/or a sector (e.g., transportation-related interventions) This letter should also outline the partner organizations’ willingness to participate in person at relevant local stakeholder meetings. Additionally, for stakeholders who would be the potential implementers of interventions selected (i.e. education or early child care agencies), a representative from that agency will need to agree to participate in in at least 3 technical assistance call per month between October- June.

**Agency Application**

**Approximately 4 (max 5) pages without supporting documentation**

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| **CONTACT INFORMATION** |
| **Agency Name** |
| **Street Address** |
| **City/State/Territory/Zip** |
| **Official Health Agency Contact** |
| **Local Project Team Lead Contact** (local health agency-designated project contact for all matters pertaining to the project):NameEmailPhone |
| **Contact List for Local Team:** The local team should include relevant staff members from the local health agency as well as additional organizations/partners the applicant considers to be critical to actively engage in decision-making regarding childhood obesity prevention initiatives (see examples on page 4, Section Vd). If the health agency team is intending to model interventions other sectors would be responsible for implementing, participation from a representative from that sector is required as part of the team. |
| Category | Name | Title | Organization | Email | Phone |
| Lead/Principal Health Official |  |  |  |  |  |
| Senior Deputy |  |  |  |  |  |
| Health Agency Lead(s) |  |  |  |  |  |
| Health Agency Epidemiologist(s) |  |  |  |  |  |
| Other Health Agency Staff |  |  |  |  |  |
| Other Local Agency/ies |  |  |  |  |  |
| Other Local Agency/ies |  |  |  |  |  |
| Other Local Agency/ies |  |  |  |  |  |

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| **CHOICES Learning Collaborative Session Dates** |
| Please check for the following for availability of relevant state team members :[ ]  Learning Session 1: (all team members) Virtual Kickoff – July 20, 2017 1:00-4:00 pm EST [ ]  Learning Session 2: (project lead, epidemiologist/relevant staff) In-person Boston- Aug 1st and 2nd [ ]  Learning Session 3: (all team members)- In-state stakeholder convening/site visit- Sept 18th- Oct 6th 2017[ ]  Learning Session 4: (all team members)- In-state stakeholder convening/site visit- Jan 23rd – February 7th 2018[ ]  Learning Session 5 (all team members): Virtual Mid-Term Meeting 1- March 7 2018, 1:00-4:00 pm EST[ ]  Learning Session 6 (all team members): Virtual Mid-Term Meeting 2- April 25, 2018 1:00-4:00 EST[ ]  Learning Session 7 (project lead, epidemiologist/relevant staff): TBD- Approx. end of May/Beginning of June 2018 |
|  |
| **Site Visits:** The CHOICES team will collaborate with your local agency to conduct two on-site learning sessions to engage stakeholders. The first will be early in the process as a way to gain input and feedback and finalize interventions for analysis. The second will be in late January/early February and will be an opportunity to review preliminary data and discuss communication plans. The site visits are developed in partnership with the agency and include **one 4 hour stakeholder engagement meeting** and visit with community partners to listen and learn. This may be structured depending upon the needs of the specific local organization. Please check the dates which would be available for your team (including the lead at your health agency) for a local site visit, selecting at least four options in September/October and at least four options in January/February:Site Visit 1: September 18th- October 6th 2017[ ]  Sept 18th [ ] Sept 20th [ ] Sept 22nd [ ]  Sept 25th [ ] Sept 27th [ ] Sept 29th [ ]  Oct 2nd [ ] Oct 4th [ ] Oct 6th Site Visit 2: January 23rd – February 7th 2018[ ]  Jan 23rd [ ] Jan 24th [ ] Jan 25th [ ] Jan 30th [ ] Jan 31st [ ]  Feb 1st [ ]  Feb 6th [ ] Feb 7th [ ] Feb 8th  |

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| **Proposed Scope of Project** |
| What particular aspect of childhood obesity prevention efforts is of most interest to your organization and partners? You may focus on a setting (e.g. school-based interventions), an age group (e.g. interventions focus on adolescents), a topic area (e.g. nutrition policies/regulations for child care providers) and/or a sector (e.g. transportation-related interventions). You might consider the following when selecting a preliminary focus:* Interest about assessing the cost effectiveness of the childhood obesity prevention efforts your organization is currently invested in/implementing
* Interest in assessing the cost effectiveness of strategies your organization is exploring implementing
 |
| **In determining the response of the applicant, the following criteria will be considered:****Proposed Approach- 20 points****Agreement of attendance of lead Health Officer and key stakeholders to Learning Sessions/Meetings- 10 points****Multi-sector partnerships and letters of support- 20 points****Prior Experience- 10 points****Organizational Capacity- 20 points****Implementation and Communications -20 points****Proposed Approach (20 Points): Please describe your proposed approach and include the following:*** **Demonstrated understanding of the risk factors for childhood obesity and multi-sector/multi-level approaches for preventing obesity**
* **How you view this project to be supportive of your organization’s process or outcomes in the area of obesity prevention**

**Multi-sector Partnerships and Letters of Support (20 Points): Please describe partnerships that will be necessary for working in your proposed area of interest and include:*** **A discussion of your partners and their potential roles and responsibilities in the project**
* **Partners that represent a multi-disciplinary cross-section of entities and issues within your community**
* **Describe how you plan to disseminate learnings from your project across your state/city/county**
* **Applicants should include letters of support that clearly state the entities’ support, recognition of role on the project and willingness to undertake the project in collaboration with the applicant**

**Prior Experience (10 Points): Please describe your prior experience and performance and include:*** **Experience with childhood or adult obesity prevention initiatives**
* **Previous experience in priority setting, particularly with other partners**
* **Past experience with undertaking projects with partners from other entities**

**Organizational Capacity (20 Points): Please describe your organizational capacity for this work and include:*** **Ability to identify 1) a project lead, 2) a team member with training in public health epidemiology or similar training background, 3) a team member with content knowledge and/or expertise in the implementation of obesity prevention initiatives, 4) a team member with strong knowledge/background in policy communication; and 5) if intervention area(s) of interest to the team would be led in actual implementation by other agencies, a representative of that agency should be included as part of the team**
* **The stated commitment of the local health agency’s leadership team**
* **The ability of the applicant to represent the project well in interactions with local health agency staff and other governmental, private sector and not-profit stakeholders**
* **A description of potential or relevant data to which you have access (such as surveillance of BMI and/or behaviors related to obesity, childhood-obesity prevention intervention implementation data)**

**Proposed Budget:*** **Budget supports activities delineated in project narrative portion of the application**
* **Budget should support the modeling collaboration, not implementation of initiatives**
* **Totals can be reasonably understood from the information provided**
* **Overall cost is reasonable, allowable and within the stated budget**
* **Please note that no part of the funds may be used to carry on propaganda or otherwise attempt to influence legislation (within the meaning of Section 4945 (d)(1) of the Internal Revenue Code).**

**\*There is a separate travel stipend for up to 4 team members per state for the Boston meetings, so applicants do not need to include this in their budget.** |
| **Implementation and Communications Plan (20 Points)** |
| The HPRC CHOICES team are providing this opportunity as a means to increase capacity in state, city and county health agencies to use cost effectiveness methods in prioritizing childhood obesity prevention initiatives. Please describe how you might envision your organization using the results of this project to inform decision making and priority setting in your community, as well as the available mechanisms for implementing prioritized initiatives and channels for communicating cost effectiveness results.  |
| **Budget Justification** |
| Contract funds may be used to support costs associated with participation in this modeling project, including personnel, supplies, data collection/analysis, meeting expenses and local travel as consistent with the project outlined in the health agency’s application. **Please note that no part of the funds may be used to carry on propaganda or otherwise attempt to influence legislation (within the meaning of Section 4945 (d)(1) of the Internal Revenue Code).****Budget Request** (use each line-item as applicable to your project; please provide a narrative description for how the funds will be used to support your agency’s participation in the CHOICES Learning Collaborative Partnership)Personnel:Supplies:Data Collection Costs:Meeting Expenses (i.e. space rental, food/beverages for meeting, parking for participants):Local Travel (i.e. for local site visit meetings, meetings with local partners to discuss project):In-Kind Contributions (please specify):Communications (i.e. production of products to communicate findings of models):Subcontracts (i.e. to local partners who may provide data for the project or use staff time to collaborate on detailing implementation resources and activities for modeling and/or communicating results):Other:**Budget request grant total** (not to exceed $50,000): |
| **Application Checklist** |
| Please ensure the following items have been completed before submitting your application:[ ] Responses have been provided for all application questions[ ] Detailed project budget and narrative justification is included[ ] Letter of support from the agency’s lead health official with agreement on attendance at required learning sessions[ ] Letters of support from other relevant organizations with agreement to participate in project, including participation in local site visits and at least 3 technical assistance calls if lead agency responsible for potential intervention implementation[ ] Overall project leader has been identified, including name and contact information[ ] Initial local team members have been identified, including name and contact information |

DRAFT Memorandum of Understanding Regarding CHOICES: Learning Collaborative Partnership

This MOU describes an understanding between the **CHOICES project at the Harvard Prevention Research Center on Nutrition and Physical Activity at the Harvard TH Chan School of Public Health (HPRC)** with its principal offices located at 401 Park Drive, 4th Floor West, Boston, MA 02215 and the [**Name of Organization** at address, city, zip code].

The parties noted above will collaborate on a partnership to support states, cities and counties in preventing childhood obesity by building local capacity among decision-makers to choose and implement cost-effective strategies.

Accordingly, the parties agree as follows:

1. **The CHOICES project at the Harvard Prevention Research Center on Nutrition and Physical Activity at the Harvard TH Chan School of Public Health will provide:**
* Training opportunities and technical assistance through site visits and in-person meetings
* A package of tools and resources to use for the initiative to identify your organization’s/community’s priorities
* Virtual technical assistance through online meetings, webinars, and conference calls
* Guidance in the development of tailored, locality-specific childhood obesity prevention intervention strategy cost-effectiveness estimates
* Support throughout the project period to ensure that key findings can be used to inform decision-making, strategic planning, and tactical implementation by the local partnership team
* Funding resources in the amount of $\_\_\_\_\_\_\_\_\_
* Travel costs associated with in-person meetings in Boston
1. **The [Organization Name] will:**
* Identify two focus interventions from a menu of over 30 options to be tailored to the individual state/city/county; potential to identify an intervention the CHOICES team has not yet modeled as one of these 2 CHOICES depending on evidence for impact on health and capacity of health agency team and CHOICES team to model
* Identify relevant data sets or sources to tailor models and collect relevant data
* Convene local partner agencies and stakeholders for participation in the project as relevant to selected interventions for modeling
* Share tools and resources used or developed by local project teams during the project with the CHOICES team
* Submit mid and final project reports (templates will be provided)
* Attend virtual kick off meeting, local meetings, participate in relevant webinars and conference calls; local partners must have capacity to participate in virtual meetings through the WebEx platform
* Share experiences/best practices with agency staff and leadership, as well the CHOICES team (information will also be distributed to the project funder and national partners as appropriate)
* Provide feedback and suggestions on project activities as requested via questionnaires and/or interviews with CHOICES team, including willingness for the CHOICES team to contact members of the local team post-project to gather data on further progress in using model results for decision-making
* Participate in communication activities including the promotion of learnings and results to other partnering localities and stakeholders
* Link project activities and findings to the agency’s quality improvement plan, health improvement plan, and/or strategic plan
1. **Summary Table of Tasks, Deliverables and Due Dates**

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| --- | --- | --- |
| **Task** | **Deliverable** | **Due Date** |
| 1 | Baseline surveys &phone interviews with state project lead/team | July 30, 2017 |
| 2 | Learning Session 1: Virtual Kick Off | July 20, 2017 1:00-4:00 EST |
| 3 | Learning Session 2: In-person training in Boston, MA | Aug 1 and Aug 2, 2017 |
| 4 | Learning Session 3: In-state stakeholder convening/site visit | Late Sept/Early Oct 2017 |
| 5 | States finalize interventions for modeling | October 31, 2017 |
| 7 | Bi-weekly check-in calls with HPRC and state project lead | October 2017-June 2018 |
| 8 | Health agencies teams finalize hypothetical implementation activities for modeling | Dec 15, 2017 |
| 9 | Learning Session 4: In-state stakeholder convening/site visit | Late Jan/Early February 2018 |
| 10 | Learning Session 5: Virtual Mid-Term Meeting 1 | March 7, 2018 1:00-4:00 EST |
| 11 | Draft final report and communication plans due | April 13, 2017 |
| 12 | Learning Session 6: Virtual Mid-Term Meeting 2 | April 25, 2018 1:00-4:00 EST |
| 13 | Learning Session 7: In person Boston, MA | TBD: Late May/Early June 2018 |
| 14 | Final reports due | June 15, 2018 |
| 15 | Follow up surveys and phone interviews with state team members | June 30, 2018 |
| 16 | Communicate with HPRC regarding data on progress to-date | Post-project year |

1. **Invoicing and Reporting**

The total reimbursable amount may not exceed $\_\_\_\_\_. Incurred costs must be reasonable and relate to the partnership activities. [Name of Organization] will submit invoices to the HPRC (to Katie Giles at cgiles@hsph.harvard.edu) related to the following milestones:

1. 25% of awarded funds after attendance at initial training (October 27, 2016)
2. 25% of awarded funds after the first in-state stakeholder meeting (December 15, 2016)
3. 25% of awarded funds after the second in-state stakeholder meeting (March 30, 2017)
4. 25% of awarded funds after submission of draft report and implementation plan (June 30, 2017)
5. **Use of Funds**

Please note that no part of these funds may be used to carry on propaganda or otherwise attempt to influence legislation (within the meaning of Section 4945 (d)(1) of the Internal Revenue Code).

1. **Manuscripts and Publications**

The HPRC will develop manuscripts for submission to peer reviewed journals regarding intervention modeling results. Local project team members may choose to participate in co-authors on these publications.

1. **Modification and Termination**

 This agreement can be modified with the agreement of both parties, and should be altered as conditions change. This agreement can be terminated at the will of either party and is applicable for the duration of the CHOICES implementation phase (2017-2018).

Signed by:

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Steven Gortmaker, PhD Name

Principal Investigator Title

CHOICES Project Organization

Harvard TH Chan School of Public Health

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 Date Date

**CHOICES Learning Collaborative Partnership**

Frequently Asked Questions and Answers

1. Who is eligible to apply for this opportunity?

**A:** The CHOICES Learning Collaborative Partnership opportunity is open to local public health agencies that represent one of three geographic areas: 1) states; 2) large cities (with populations of 500,000 or more); or 3) large counties (with populations of 1 million or more).

1. What is cost effectiveness analysis?

**A:** Cost effectiveness analysis provides a structured process to combine information from a range of sources on the cost and health effects of interventions. The analysis compares relative costs and outcomes of two or more courses of action. Cost effectiveness analysis results are expressed in terms of a ratio: the denominator is a gain in health- such as reduced Body Mass Index (BMI) - and the numerator is the cost associated with the health gain (such as cost of implementing a new intervention minus the expected health care cost savings from a reduced obesity rate).

1. How could cost effectiveness analysis of childhood obesity interventions be helpful to me/my state?

**A:** Cost effectiveness analysis can be helpful in multiple ways for planning and decision-making, forming partnerships and communicating the cost and impact of interventions. From a planning and decision-making perspective, cost effectiveness can be helpful in providing a framework for deciding among multiple courses of action or competing initiatives to take action on. These courses of action can include using existing funds to implement new interventions or proposing initiatives when seeking funding. The identification of interventions to assess, as well as those that result in cost effective outcomes, can also help you to identify other state agencies and organizations to partner with in implementing interventions and collecting data. Cost effectiveness analysis can also be helpful in comparing different strategies for implementation, including identifying a more efficient use of funds (e.g. implementing online trainings versus in-person). Cost effectiveness results can also demonstrate to stakeholders the value of initiatives, both in the shorter term, as well as the longer term, by demonstrating the population reach of initiatives, the relative cost of implementation compared to other strategies, as well as the population health benefits and expected health care savings. The CHOICES cost effectiveness analysis approach uses the best available evidence and data to assess intervention implementation, population reach, effect, cost and cost effectiveness.

1. Do you expect funded sites to implement the identified interventions in the year of partnership?

**A:** No, we do not expect this. This partnership opportunity is a modeling project, not an implementation project. The CHOICES approach uses a microsimulation (or virtual) model to assess cost effectiveness of interventions. We use data on either existing interventions that are already being implemented in a particular state or estimate the projected cost effectiveness using data on what might be expected to occur in a particular location if an intervention were to be implemented (using data from both that location as well as relevant estimates from published literature or other locations where such initiatives have already occurred). Sites are not required to be implementing (or implement within the 1 year timeframe) the interventions that are modeled. We do expect funded entities to come up with a plan (with our assistance) on what they will do with the cost effectiveness analysis results and how that will inform their decision making processes and communications efforts.

1. Who will model the data to come up with cost effectiveness results?

**A:** The CHOICES team will run the models. We will work with you to identify what data are needed for the model to assess intervention implementation cost (i.e. what are the activities, people and resources needed), population reach, who might have that data, and the form that we will need it in. Once we’ve inputted that data into our model and run it, we will then turn results over to you and work with you on how to interpret and communicate the results.

1. What can we spend the funding resources on?

**A:** We encourage you to spend the funds on personnel and activities that can support the modeling work in terms of identifying the interventions and relevant data sources, and in obtaining that data. This may include personnel time, local meeting and travel expenses and communication activities/product production. Funds cannot be spent on intervention implementation activities or supplies, nor can they be spent to carry on propaganda or otherwise attempt to influence legislation (within the meaning of Section 4945 (d)(1) of the Internal Revenue Code).

1. Who should be on our local project team?

**A:** We encourage you to consider both staff within your local health agency, as well as key partners in either the area your agency might be interested in modeling (i.e. school based interventions might suggest your local education agency) or in communicating about initiatives with decision makers. Some potential project team members would include:

* 1. a project lead based at the local health agency (required);
	2. other staff members based at the local health agency, such as a team member with training in public health epidemiology or similar training background, a team member with content knowledge and/or expertise in the implementation of obesity prevention initiatives, and a team member with strong knowledge/background in policy communication;
	3. Staff from partner agencies who may be key to assisting in defining implementation resources and costs; if your health agency is proposing to model interventions for which other agencies would have implementation responsibilities (such as interventions occurring in school or early care settings), your team should include at least one representative from the agency that would be involved in potential/hypothetical implementation
	4. Staff from partner agencies who may have expertise in communications activities related to health impact, population reach, implementation costs and cost effectiveness (i.e. model results)
1. What is the role of senior leadership at our health agency in the project?

**A.** Your lead health official, as well as an appointed senior deputy, should participate in at least several project milestones, including the kick-off webinar, two local meetings and an update webinar. These principal leaders at your agency will be able to talk about the role of this project and how it relates to priorities for your agency, as well as identify resources/channels related to the topics modeled to help disseminate the information from the modeling. Lead health officials are the people at your agency who have meaningful leadership authority and/or principal designation as such. For state health agencies, you can identify your lead health officials here: [http://www.astho.org/Directory/](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.astho.org_Directory_&d=CwMFaQ&c=WO-RGvefibhHBZq3fL85hQ&r=qNoaCzlys48MeZmwmMWsc5LLZ8E9HrcbdYhB4Qm_EOg&m=ERZEHOpR5rLbEOcanfwoOC03G6DMIuZlTDJcmwUEPEI&s=bmbL8KIMRYXipcZLeiBE0oyBy_jUbGTeNisFMnfodMw&e=). For local agencies, questions can be directed to the project team prior to submission

1. What are the interventions we can choose from?

**A:** We encourage you to start thinking about whether there are interventions you are already undertaking in the different sectors we have modeled interventions for (school, community/government, clinical, transportation and early & out of school care) or ones that you might be interested in considering for future implementation. The CHOICES team has modeled the cost effectiveness of over 40 interventions, about 30 of which are relevant at the state and/or local levels (the remaining are those most relevant to the federal level). These include both policies (such as taxes or regulations), as well as programmatic efforts (like education). We have selected these interventions partially on the existence of evidence for impact on either BMI or on key components of energy balance (dietary intake or physical activity).

Please contact us via email at cgiles@hsph.harvard.edu for a list of interventions or if you’d like to talk further about specific situations relevant to your location and health agency.

1. What if we want to get cost effectiveness data on interventions you haven’t looked at yet?

**A:** You may be able to select an intervention that is not on our list of those modeled at the national level. You will work with our team in defining what that intervention is and assessing the evidence for effectiveness. Please note that the process for assessing the evidence for effectiveness of an intervention on either BMI or key components of energy balance (i.e. dietary intake or physical activity) is a critical component of the process for modeling and may limit whether we can model specific interventions.

1. How long is the time frame you are modeling?

**A:** We currently model the results for 10 years (i.e. if a simulated individual in the model is 12 years old at the start of the model, we model out their health outcomes till they are 22 years old). We also model shorter term outcomes (i.e. what is the expected impact on the individual’s BMI 2 years after starting the intervention?) and have the potential to produce modeled estimates for even longer time frames (i.e. 20 years or 30 years).

1. How can state Medicaid programs be involved?

**A:** We are able to estimate obesity related health care costs and can estimate the Medicaid costs per state. Obesity prevention is one area where states can also demonstrate that they can save money over time. We may be able to model interventions that Medicaid could potentially reimburse for as well.

1. What outcomes are you modeling?

**A:** The CHOICES model is built to model effects on obesity prevalence, as well as obesity related health care costs and mortality. Outcomes include both outcomes for children and adolescents as well as for adults if the intervention impacts adults as well. We are also able to model effects on behaviors, such as kilocalorie (kcal) intake or physical activity (PA) minutes (e.g. METS). Because our model is primarily focused on children, we find that given our 10 year time frame, modeling out specific diseases related to obesity is not as useful given that children do not experience these diseases in large numbers (not until age 35 or older).