



Cost-Effective Childhood Obesity Prevention Strategies in Your Community

The Childhood Obesity Intervention Cost-Effectiveness Study (CHOICES) at the Harvard T.H. Chan School of Public Health 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. Recent research from the CHOICES team indicates that more than half of today's children will have obesity at age 35¹. This partnership opportunity will allow state, city, and county health agencies and their partners to use local data to examine the potential cost-effectiveness, health impacts and cost of childhood obesity prevention intervention options that could be implemented locally. The CHOICES team is working to create new opportunities that can increase the capacity of state, city and county health agencies to use cost-effectiveness methods and metrics to identify and prioritize childhood obesity prevention initiatives that they might implement in the future. Through the Learning Collaborative Partnership, the CHOICES team will provide technical assistance, training, tools, and resources to local decision makers to help them identify those obesity prevention strategies that, if implemented, could represent the best value for money, reduce childhood obesity and potentially reduce disparities.

Background

The U.S. childhood obesity epidemic impacts all segments of our society and controlling childhood obesity is complex. Multiple environments can structure obesity risk behaviors. A reduction in obesity rates will not be achieved using a single intervention approach, but instead requires a social ecological perspective and 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, including peer-reviewed publications of our model results at www.choicesproject.org/publications.

To apply, complete the CHOICES Learning Collaborative Partnership Agency Application form & email to the CHOICES project: choicesproject@hsph.harvard.edu

Project Period

Dec 2019—Nov 2020: 12 months

Application Dates

Aug 1, 2019: Application available

Aug 19, 2019: RFP Information Webinar

3:00-4:00 PM ET-

<https://zoom.us/j/199018120>

Meeting ID: 199 018 120

Call Number: 1-646-558-8656

October 1, 2019: 5:00 PM ET- Application due

Oct 29, 2019: Awardees notified

¹ Ward Z, Long M, Resch S, Giles C, Craddock A, Gortmaker S. Simulation of Growth Trajectories of Childhood Obesity into Adulthood. *N Engl J Med*. 2017 Nov 30;377(22):2145-2153.

Learning Collaborative Partnership Overview

The CHOICES Learning Collaborative Partnership aims to 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 project 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 & Counties

- **Funding resources** for partnering organizations (up to \$50,000 per organization). Funding support, technical assistance, and training will be provided to up to four partnerships throughout this project period to provide tools and data to support development 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 Cambridge, MA 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)
 - Four required virtual meetings, attended by agency lead health officer, project lead and supporting project staff, including relevant local partner agencies as appropriate (see timeline)
 - Bi-weekly check-in calls with CHOICES team, health agency project lead and supporting staff as needed, including relevant local partner agencies
- **Opportunity to participate in two local site visits/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
- **Technical assistance from CHOICES team** for cost-effectiveness evaluation of interventions that prevent childhood obesity, including evaluating:
 - intervention effectiveness
 - population reach
 - 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 and communications strategies

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; please see the Frequently Asked Question section of this document (page 16, Question 9) for more information and resources regarding the list of options.
- 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 total 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 the Zoom platform. Attendance at project meetings and webinars/calls is required as noted in timeline below. Please note that agency lead health officer/official and senior deputy participation is required in specific sessions. It is also recommended that the project team host a one-hour meeting in advance of all local site visit meetings with the lead health official, visiting CHOICES team members and project team leads.
- 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 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.

I. Request for Proposals

Important Information

Purpose: The CHOICES project at the Harvard T.H. Chan School of Public Health is offering this request for proposals to support states, cities, and counties in using cost-effectiveness analysis methods in planning childhood obesity prevention efforts.

Eligibility: Public health agencies that represent populations of over 500,000; this could include a state, county or large city health agency. If you have questions about eligibility, please contact the CHOICES Project at choicesproject@hsph.harvard.edu.

Proposal submission: Submit applications electronically to choicesproject@hsph.harvard.edu with a subject line 'CHOICES Learning Collaborative Partnership'.

Questions about submitting proposals questions: Interested applicants are encouraged to participate in a webinar on August 19th at 3:00-4:00 pm ET regarding this opportunity. Please join the webinar at <https://zoom.us/j/199018120>; Meeting ID: 199 018 120. We recommend joining audio via phone at 1-646-558-8656, though the audio will also be available through your computer. Please plan to allow several minutes to ensure the technology works on your computer. Please select one person to participate in the call as a representative for your agency as space is limited. Please see the FAQ on pages 14–17 of this document. Submit questions electronically to choicesproject@hsph.harvard.edu with a subject line 'CHOICES Learning Collaborative Partnership'.

Monetary assistance available to awardees, contingent on available funding: The CHOICES team intends to fund up to 4 state, city and/or county health agencies for their participation over a 12 month period. The size of award may vary with the scope of each proposed project; each award may total up to \$50,000.

Estimated period of performance and final report date: The learning collaborative project period is December 1, 2019 through November 30, 2020, with preliminary final reports due by November 13, 2020 and final versions of the report due Nov 30, 2020.

Project Timeline

Local teams are asked to hold the dates for the meeting times already specified:

Date	Activity	Team Members
November 2019	<ul style="list-style-type: none"> ○ Interviews (scheduled with CHOICES team individually) 	<ul style="list-style-type: none"> ○ Local project lead
December 4, 2019 1:00-4:00 ET*	<ul style="list-style-type: none"> ○ Learning Session 1: Virtual Kick Off Webinar with CHOICES team and ASTHO/NACCHO/BCHC 	<ul style="list-style-type: none"> ○ All local team members, including lead health official and senior deputy health official, local project lead, health agency team members, and partner agencies as relevant to specific interventions of interest
February 5th and 6th, 2020	<ul style="list-style-type: none"> ○ Learning Session 2: In-person learning collaborative session in Boston with CHOICES team, ASTHO/NACCHO/BCHC ○ Bi-weekly technical assistance calls begin, through Nov 30, 2020 	<ul style="list-style-type: none"> ○ Local project lead and health agency team members (for instance, content expert, epidemiologist) and other health agency or partner organization staff
March/April 2020* (4 hrs) See Agency Application form for potential dates	<ul style="list-style-type: none"> ○ Learning Session 3: Local stakeholder convening/site visit by CHOICES ○ Health agencies teams finalize interventions for modeling with CHOICES 	<ul style="list-style-type: none"> ○ All local team members, including lead health official and senior deputy health official, local project lead, health agency team members, and partner agencies as relevant to specific interventions of interest
May 13, 2020 3:00-4:00 pm ET	<ul style="list-style-type: none"> ○ Learning Session 4: Communications webinar with CHOICES team, Burness 	<ul style="list-style-type: none"> ○ Local project lead and health agency team members (for instance, content expert, communications staff), and other health agency or partner organization staff as relevant
June 2020	<ul style="list-style-type: none"> ○ Health agencies teams finalize hypothetical implementation activities for modeling 	<ul style="list-style-type: none"> ○ Local project lead and health agency team members (for instance content expert,) and other health agency or partner organization staff as relevant, partner agencies as relevant to specific interventions of interest
July 2020 * (4 hrs) See Agency Application form for potential dates	<ul style="list-style-type: none"> ○ Learning Session 5: Local stakeholder convening/site visit 	<ul style="list-style-type: none"> ○ All local team members, including lead health official and senior deputy health official, local project lead, health agency team members, and partner agencies as relevant to specific interventions of interest
Sept 9, 2020 1:00-4:00 pm ET	<ul style="list-style-type: none"> ○ Learning Session 6: Mid-term meeting 1 (Webinar) – Preliminary results shared ○ Draft final report and communication plans due Sept 16 ○ CHOICES team, ASTHO/NACCHO/BCHC 	<ul style="list-style-type: none"> ○ Local project lead and health agency team members (content expert, epidemiologist, communications staff) and other health agency or partner organization staff as relevant
October 21, 2020* 1:00-4:00 pm ET 2-3 hours	<ul style="list-style-type: none"> ○ Learning Session 7: Mid-term Meeting 2 (Webinar) – Final results shared with CHOICES team, ASTHO/NACCHO/BCHC 	<ul style="list-style-type: none"> ○ All local team members, including lead health official and senior deputy health official, local project lead, health agency team members, and partner agencies as relevant to specific interventions of interest
November 18 and 19, 2020	<ul style="list-style-type: none"> ○ Learning Session 8: In-person meeting in Boston with CHOICES team, ASTHO/NACCHO/BCHC 	<ul style="list-style-type: none"> ○ Local project lead and health agency team members (content expert, epidemiologist, communications staff) and other health agency or partner organization staff as relevant
Nov 13, 2020 Nov 30, 2020	<ul style="list-style-type: none"> ○ Preliminary final reports due to CHOICES team 	<ul style="list-style-type: none"> ○ Local project lead

	<ul style="list-style-type: none"> ○ Final versions of reports due to CHOICES 	
December 2020	<ul style="list-style-type: none"> ○ Interviews (scheduled with CHOICES individually) 	<ul style="list-style-type: none"> ○ Team members who participated in project, health agency lead and/or senior deputy

* Indicates lead health official and/or senior deputy participation

Disclaimer Notice: *This request for Proposal is not binding on the CHOICES project at the Harvard T.H Chan School of Public Health nor does it constitute a contractual offer. Without limiting the foregoing, the CHOICES project 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 CHOICES project be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.*

II. Required Proposal Content and Selection Criteria

Required components include:

A. 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. **Include an application cover letter from the state or local health agency’s “principal” (i.e., lead state or local health official or head administrator) indicating:**
 - a. Support for the project;
 - b. Vision describing how the project will link to other organizational initiatives and potential areas of support;
 - c. Assurance of participation in the project as outlined in the application timeline including: Participation in two webinars with the CHOICES team (December 4, 2019 and October 21, 2020) and other LCP leaders, and attendance at two in-person, local stakeholder meetings (Spring 2020 and Summer 2020).
 - d. 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, and telephone number of the Local Project Lead.
3. **Submit CVs/Resumes for the core project team members identified in the Organizational Capacity section on page 3 of the Agency Application form.**
4. **Submit a budget and budget justification for activities/staff (not considered part of the 5 page limit).**
5. **Be able to comply with CHOICES Learning 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).**

B. Applications will be reviewed and sites will be selected based on the following considerations:

1. **Completeness and quality of the application; see additional information on proposal scoring in the proposed scope of project section of the application**
2. **Demonstrated capacity to meet the project requirements.**
3. **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.**
4. **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 model hypothetical interventions 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 a partner organization’s willingness to participate in person at the two planned local stakeholder meetings. Additionally, for stakeholders who would be integral to the proposed implementation of a hypothetical intervention selected for modeling (e.g., education or early child care agencies), a representative from that agency will need to agree to participate in at least 3 technical assistance calls total between May- November 2020.**

To apply, please complete the CHOICES Learning Collaborative Partnership Agency Application form and email to choicesproject@hsph.harvard.edu. See sample below.

Agency Application

Approximately 4 (max 5) pages without supporting documentation

Contact Information					
Agency Name					
Street Address					
City/State/Territory/Zip					
Official Health Agency Contact					
<p>Local Project Team Lead Contact (local health agency-designated project contact for all matters pertaining to the project):</p> <p>Name</p> <p>Email</p> <p>Phone</p>					
<p>Contact List for Project Team: The project team should include relevant staff members from the state or 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 7, Section B4). If the health agency team is proposing to model potential interventions that other sectors would be responsible for implementing, the participation of a representative from that sector is required as part of the project team. The project team should be comprised of 1) a project lead who can manage communications, timelines and organization locally and with the CHOICES team, 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</p>					
Category	Name	Title	Organization	Email	Phone
Health agency principal/lead official					
Senior Deputy					
Health Agency Project Lead(s)					
Health Agency Epidemiologist(s)					

Other Health Agency Staff					
Other Local Agency/ies					
Other Local Agency/ies					
Other Local Agency/ies					

CHOICES Learning Collaborative Session Dates

A successful application requires agreement to the following learning sessions. Please take note of who is required to attend. Exceptions need to be in writing to the CHOICES team. Please check for the following for availability of relevant health agency team members :

- Learning Session 1: (all team members, including lead health official and/or senior deputy and partner agencies as relevant to specific interventions of interest) Virtual Kickoff – Dec 4, 2019 1:00-4:00 pm ET
- Learning Session 2: (project lead, epidemiologist/relevant staff) In-person training, Cambridge, MA- February 5th and 6th, 2020
- Learning Session 3: (all team members, including lead health official and/or senior deputy)- Local stakeholder convening/site visit- March/April 2020
- Learning Session 4: (all team members)- Virtual communications introduction- May 13 2020 3:00-4:00 pm ET
- Learning Session 5: (all team members, including lead health official and/or senior deputy)- Local stakeholder convening/site visit- July 2020
- Learning Session 6: (all team members): Virtual Mid-Term Meeting 1- Sept 9 2020, 1:00-4:00 pm ET
- Learning Session 7: (all team members, including lead health official and/or senior deputy): Virtual Mid-Term Meeting 2- Oct 21 2020- 1:00-4:00 ET
- Learning Session 8: (project lead, epidemiologist/relevant staff): In-person training, Cambridge, MA Nov 18th and 19th 2020

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 (in March/April 2020) as a way to gain input and feedback and finalize interventions for analysis. The second will be in July 2020 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 **a 4 hour stakeholder engagement meeting** with community partners per visit to listen and learn. This may be structured depending upon the needs of the specific local organization. It is also recommended that the project team host a one hour meeting in advance of all local site visit meetings with the lead health official, visiting CHOICES team members and project team leads. 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 three options in March/April 2020 and at least three options in July 2020:

Site Visit 1: March/April 2020

- March 24, 2020 March 25, 2020 March 26, 2020 March 31, 2020 April 1, 2020
- April 2, 2020 April 7, 2020 April 8, 2020 April 9, 2020

Site Visit 2: July 2020

- July 7, 2020 July 8, 2020 July 9, 2020 July 14, 2020 July 15, 2020
- July 16, 2020 July 21, 2020 July 22, 2020 July 23, 2020

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 participation, support and attendance of lead Health Officer in Learning Collaborative Partnership and Learning Sessions/Meetings - 10 points

Agreement of participation of team members and key partners/stakeholders in Learning Collaborative Sessions/Meetings- 14 points

Multi-sector partnerships and letters of support - 20 points

Prior Experience - 10 points

Organizational Capacity - 20 points

Implementation and Communications plan- 20 points

Proposed budget and narrative budget justification- 14 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

Agreement of participation, support and attendance of lead Health Officer to Learning Sessions/Meetings (10 points)-

- The cover letter from the lead health official includes support for the project and vision describing integration of the project activities and learnings to other organizational initiatives and potential areas of support
- Names a local leadership designee such as a Senior Deputy and local project lead designee (i.e. will attend all meetings and be responsible for submitting reports) contact for the project
- Agency lead health officer/official and senior deputy participation is required in specific sessions:
 - o Learning Session 1: Virtual Kick Off Webinar; Dec 4, 2019; 1:00-4:00 pm ET
 - o Learning Session 3: Local stakeholder convening/site visit by CHOICES team; March/April 2020
 - o Learning Session 5: Local stakeholder convening/site visit by CHOICES team; July 2020
 - o Learning Session 7: Mid-term Meeting 2 (Webinar) Oct 21, 2020; 1:00-4:00 pm ET
- It is also recommended that the project team host a one-hour meeting in advance of all local site visit meetings with the lead health official, visiting CHOICES team members and project team leads.
- Agreement of attendance/participation should be noted in the health agency lead official cover letter and partner letters of support

Agreement of participation of team members and key partners/stakeholders in Learning Collaborative Sessions/Meetings (14 points)-

- Commitment from the team to participate in all learning session dates and selects at least potential dates for each local site visit

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
- Resumes/CVs for each of the team members identified above
- 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)

Implementation and Communications Plan (20 Points)

The 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. We intend for the cost-effectiveness approach, methods, data and results to be shared with health agency leadership and as relevant other decision makers, including partners at other government agencies, decision makers such as elected officials and leaders in other partner organizations to be able to provide research and data to enable informed decision making around childhood obesity. Please describe how you 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 and Narrative Justification (14 points)

Proposed Budget:

- A budget and narrative justification are included with the proposal
- 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 team for the Boston meetings, so applicants do not need to include this in their budget.

Contract funds may be used to support costs associated with participation in this modeling project, including personnel, supplies, time for agency and/or partners to analyze and/or gather existing data, meeting expenses and local travel and production of materials to communicate project findings. **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 Analysis/Organizing Costs:

Meeting Expenses (e.g., space rental, food/beverages for meeting, parking for participants):

Local Travel (e.g., for local site visit meetings, meetings with local partners to discuss project):

In-Kind Contributions (please specify):

Communications (e.g., production of products to communicate findings of models):

Subcontracts (e.g., 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 principal/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 that collaborating agency would have overall responsibilities for implementation of one or more of the potential interventions being considered by the team
- 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 T.H. Chan School of Public Health** 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:

A. **The CHOICES Project at the Prevention Research Center on Nutrition and Physical Activity at the Harvard T.H. 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 at Harvard

B. The [Organization Name] will:

- Identify two focus interventions from a menu of over 30 options to be tailored to the individual state/city/county
- 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 Zoom 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

A. Summary Table of Tasks, Deliverables and Due Dates

Task	Deliverable	Due Date
1	Baseline surveys & phone interviews with state project lead/team	Nov 30, 2019
2	Learning Session 1: Virtual Kick Off	Dec 4, 2019 1:00-4:00 ET
3	Learning Session 2: In-person training in Cambridge, MA	February 5 th and 6 th , 2020
4	Health agencies finalize interventions for modeling	March 4, 2020
5	Learning Session 3: In-state stakeholder convening/site visit	March/April 2020
6	Bi-weekly check-in calls with CHOICES team and project lead	May – Nov 2020
7	Learning Session 4: Communications webinar	May 13, 2020 3:00-4:00 pm ET
8	Health agencies teams finalize hypothetical implementation activities for modeling	June 30, 2020
9	Learning Session 5: In-state stakeholder convening/site visit	July 2020
10	Learning Session 6: Virtual Mid-Term Meeting 1	Sept 9, 2020 1:00-4:00 pm ET
11	Draft final report and communication plans due	Sept 16, 2020
12	Learning Session 7: Virtual Mid-Term Meeting 2	Oct 21, 2020 1:00-4:00 pm ET
13	Preliminary final reports due	Nov 13, 2020
14	Learning Session 8: In person Cambridge, MA	Nov 18 th and 19 th , 2020
15	Final version of final reports due	Nov 30, 2020
16	Follow up surveys and phone interviews with state team members	December 2020
17	Communicate with CHOICES regarding data on progress to-date	Post-project year

B. 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 CHOICES Project (choicesproject@hsph.harvard.edu) related to the following milestones:

1. 25% of awarded funds after attendance at initial training (February 7, 2020)
2. 25% of awarded funds after the first in-state stakeholder meeting (April 10, 2020)
3. 25% of awarded funds after the second in-state stakeholder meeting (August 1, 2020)
4. 25% of awarded funds after submission of draft report and implementation plan (November 13, 2020)

C. 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).

D. Manuscripts and Publications

The CHOICES team 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.

E. 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 (2019-2020).

Signed by:

 Steven Gortmaker, PhD
 Principal Investigator
 CHOICES Project, Harvard T.H. Chan School of Public Health

 Date

 Name
 Title
 Organization

 Date

CHOICES Learning Collaborative Partnership

Frequently Asked Questions and Answers

1. Who is eligible to apply for this opportunity?

A: Public health agencies that represent populations of over 500,000; this could include a state, county or large city health agency. If you have questions about eligibility, please contact the CHOICES Project at choicesproject@hsph.harvard.edu.

2. 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).

3. How could cost-effectiveness analysis of childhood obesity interventions be helpful to me/my state, city or county?

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.

4. 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.

5. 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.

6. 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).

7. 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:

- a. A project lead based at the local health agency (required);
- b. 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;
- c. 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. You will likely need to be able to provide information such as numbers of programs (i.e., schools, early care providers or afterschool sites) and enrollment information (i.e., number of 2-5 year olds enrolled in licensed child care facilities, potentially by demographic subgroup). People who

have knowledge about that information or where to get it from, depending on selected strategies, will be key partners in the project.

- d. 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)

8. What is the role of senior leadership at our health agency in the project?

A: Your principal/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>. For local agencies, questions can be directed to the project team prior to submission.

9. 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). A list of the strategies the CHOICES team has published state or local reports for (also available on our website at: <http://choicesproject.org/choices-map/>) as well as our peer reviewed publications of national estimates (also available here: <http://choicesproject.org/category/peer-reviewed/>) is at the end of this document. You can also visit our Childhood Obesity National Action Kit to view the national population reach, impact on health, implementation costs, and health care cost savings for 14 effective strategies; select and compare up to 4 strategies at a time here: <http://choicesproject.org/work-with-us/childhood-obesity-national-action-kit/>

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

10. 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.

11. 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).

12. 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.

13. 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).

14. Is it possible to model breastfeeding strategies with CHOICES?

A: Currently we do not have any strategies to increase breastfeeding on our menu of strategies available for modeling.

15. Why isn't breastfeeding included as one of the strategy options with CHOICES?

A: Our CHOICES team believes that there are many benefits to breastfeeding and supporting women who chose to do that. At this time our team's review of the evidence linking specific initiatives to increase breastfeeding to reducing obesity risk for children ages 2 and older is not strong enough to meet our [criteria](#) for modeling. We prioritize studies that include comparison groups and pre and post measures.

CHOICES Project: Intervention Strategies Modeled

Strategy Name	Strategy Description	Published National Model	Published State or Local Model
Active physical education (Active PE)	Policy/best practice guidelines requiring provision of 50% moderate-to-vigorous physical activity in physical education classes for grades K-8	✓ Cradock et al. 2017 Prev Med	
Active recess	Program to increase physical activity during elementary school recess with structured activities, playground markings, and/or portable play equipment	✓ Cradock et al. 2017 Prev Med	✓ Washington
Active school day	Policy/best practice guidelines requiring schools to provide at least 30 daily, or 150 weekly, minutes of physical activity during the school day for grades K-8	✓ Cradock et al. 2017 Prev Med	
Smart Snacks in School	Nutrition standards for all foods and beverages sold in schools not as part of the federally-reimbursable school meal program for grades K-12	✓ Gortmaker et al. 2015 Health Affairs	
USDA 2012 updated school meal nutrition standards	Updated nutrition standards for all foods and beverages sold in schools as part of the federally-reimbursable school meal program for grades K-12	✓ Gortmaker et al. 2015 Health Affairs	
Promoting water consumption in schools	Strategy to promote drinking water for children in school cafeteria settings in U.S. schools by installing chilled water dispensers (WaterJets) to increase water consumption	✓ Kenney et al. 2019 (in press)	
Creating healthier child care environments	Improving nutrition, physical activity, & screen time policies & practices through the Nutrition & Physical Activity Self-Assessment for Child Care (NAP SACC) Program among ages 2-5	✓ Gortmaker et al. 2015 Health Affairs	✓ Washington West Virginia New Hampshire Oklahoma

Strategy Name	Strategy Description	Published National Model	Published State or Local Model
More movement in preschools	State licensure requirement for training for ECE program teachers in physical activity instruction, implement Hip Hop to Health Junior among ages 3-5	✓ Cradock et al. 2017 Prev Med	
Best practice guidelines and policies in early care settings	Guidelines or policies for ECE settings (children ages 2-5) that include one or more of the following: limit screen time, eliminate sugary drinks, and increase physical activity in early childhood settings		✓ Philadelphia Oklahoma
Providing education to reduce screen time	Training for licensed child care providers to provide children ages 2-5 and parents with education on reducing young children's non-educational screen time		✓ Mississippi
Creating healthier afterschool environments	Improving nutrition and physical activity policies & practices through the Out of School Nutrition and Physical Activity (OSNAP) initiative for children in grades K-5	✓ Cradock et al. 2017 Prev Med	
New opportunities for healthy afterschool programs	Providing school-age children (ages 5-12) with free afterschool programs that include 80 minutes of physical activity, a healthy snack, academic enrichment & homework assistance	✓ Cradock et al. 2017 Prev Med	
Sugar-sweetened beverage (SSB) excise tax	Excise tax on sugary drinks based on either the size of the beverage or sugar content and beverage size, applied to manufacturers, bottlers and/or distributors	✓ Gortmaker et al. 2015 Health Affairs	✓ West Virginia Washington New Hampshire Alaska Denver
Healthy beverage standards for the Supplemental Nutrition Assistance Program (SNAP)	Establish healthy beverage standards for items eligible purchase with Supplemental Nutrition Assistance Program (SNAP) benefits, which would eliminate sugar sweetened beverages from eligible items	✓ Long et al. 2019 Journal of Nutrition Education and Behavior	✓ Maine

Strategy Name	Strategy Description	Published National Model	Published State or Local Model
Reducing exposure to unhealthy food and beverage advertising	Eliminate the tax deductibility of TV advertising costs for nutritionally poor foods and beverages advertised to children and adolescents ages 2-19	✓ Gortmaker et al. 2015 Health Affairs	
Restaurant menu calorie labeling	Required listing of calories per item and suggested daily total calorie intake	✓ Gortmaker et al. 2015 Health Affairs	
Incorporating screen time counseling into the Women, Infants, and Children (WIC) Program	Incorporating screen time counseling into required Special Supplemental Nutrition program for Women, Infants, and Children (WIC) certification visits among WIC participants with children ages 2-4 through the inclusion of relevant assessment items within the existing screening assessment tools regularly used by WIC clinical staff		✓ Oklahoma
Safe Routes to School (SRTS)	SRTS aims to help children in grades K-8 safely walk and bicycle to school through infrastructure improvements, education, enforcement and promotional activities		✓ Minnesota
Electronic decision support for pediatric medical providers	Electronic decision support to pediatricians during well-child visits to promote recognition & recommended management of obesity among children ages 2-12	✓ Sharifi et al. 2017 Pediatrics	✓ Denver
Increased access to adolescent bariatric surgery	Nationwide four-fold increase in the use of bariatric surgery for eligible adolescents ages 13-19	✓ Gortmaker et al. 2015 Health Affairs	