

FUNDING ANNOUNCEMENT
Obesity Prevention in Children
(Ages 6-12 years)

Johnson & Johnson Community Health Care Program

The Johnson & Johnson Community Health Care Program (J&J CHC), in partnership with the Johns Hopkins Bloomberg School of Public Health (JHSPH), is pleased to announce a grant funding opportunity for non-profit community health care organizations¹ implementing evidence-based, community-education programs that promote wellness and healthy lifestyle choices to prevent and reduce the impact of obesity in children.

Successful applicants will receive a \$200,000 grant to fund activities over a 2 ½ year period for programs that seek to improve the knowledge and healthy life choices (behaviors) of children and the adults in their lives who influence their diet, food preparation and activity level. Funded programs should adopt either (a) evidence-based practices (EBP) (please see Appendix A) *and/or* (b) promising practices guided by their experience and local knowledge that may not have yet integrated evidence based interventions to reduce obesity in children ages, 6 to 12 years². **Eight (8)** grants will be awarded in the fall of 2010 to non-profit community health care organizations for community-based education program activities in these six locations:

- Bronx, NY
- Hamilton County, OH
- Long Beach, CA
- Philadelphia, PA
- Shelby County, TN
- Wayne County, MI

Additional detail regarding eligible programs is provided below.

OBJECTIVES

Proposals are encouraged from non-profit community health care organizations with experience (see eligibility section, below) in providing childhood obesity prevention

¹ Includes organizations that: deliver health promotion and education; or combine social and health services (such as benefit counseling services and supplemental meal programs for low income children, etc) AND are connected with a health agency or provider (e.g. a clinic, nurse or other health provider); have organized community networks between non-clinical services (such as a school, after-school program or faith based organization) AND a health education- health promotion or clinical-provider.

² While the primary focus on this initiative is 6-12 years old children at-risk for obesity, inclusion of parents/caregivers is critical to successfully reaching this age group.

services, particularly in underserved populations that have been disproportionately affected by overweight and obesity. The objectives of this grant are to improve the in-house capacity of the non-profit organizations to: (1) utilize cutting-edge prevention science to implement innovative, evidence-based interventions, and (2) design and implement monitoring and evaluation procedures in order to contribute to the evidence base and the project's long-term sustainability

Proposals are encouraged from organizations that describe their willingness to both:

- *Utilize Cutting Edge Science* – to upgrade an existing obesity prevention program or implement a new prevention program with evidence-based interventions for at-risk young children in underserved populations. Programs can also describe how they will adapt evidence-based interventions in accordance with the organization's knowledge of the unique and specific needs of the at-risk children in their communities;
- *Monitor, Evaluate, and Disseminate* - Implement procedures to ensure that data collected for this project is of high quality in order to contribute to the emerging evidence base in childhood obesity prevention and the project's long-term sustainability. Programs will be expected to share their experience and disseminate their findings with multiple stakeholders.

ELIGIBILITY

Eligible organizations must have:

- Non-profit status: 501C3 (copy to be sent with proposal).
- Core services must be delivered in one of the six specific geographic locations listed above.
- Demonstrated leadership and track record in delivery of childhood obesity prevention and healthy life styles (behavior) promotion programs and services.
- Commitment to engage in a formative program design process (see Program Overview section, below).
- Capacity and readiness to participate in hands-on training in monitoring & evaluation skills and tools, as well as in areas such as assessing target population needs, program design, and adaptation of an existing intervention.
- Openness to the possibility of the J&J CHC Program disseminating the lessons learned and evaluation results and/or promoting the prevention intervention for replication by other non-profit organizations.

Special consideration will be given to organizations that can demonstrate their participation in unique community partnerships and collaborations (e.g., a partnership between a federally qualified health clinic and an elementary school) that have

demonstrated the innovating ability to leverage the resources within these collaborations.

The following programs are **not eligible and should not apply**:

- Programs that are part of a Foundation
- Programs that are based at a University or College
- Programs that are already part of a research activity

PROGRAM OVERVIEW

The J&J CHC grant award will be made in installments, according to the following distinct but linked phases:

- A. Formative Phase (first 8 months)
- B. Implementation Phase (20 months) and
- C. Communication and Dissemination Phase (2 months)

Successful applicants will receive funding for an eight-month formative program design process. The same organizations will receive two separate installments, after this initial funding, for the completion of activities during the 20 month Implementation Phase. Those two installments will be paid based upon the successful completion of objectives developed in the Formative phase (see next section, Technical Assistance). While receipt of a Formative Phase grant does not automatically guarantee receipt of an Implementation Phase grant, our intent in selecting the J&J CHC Program grantees is to fully support them through the entire 30 month period, provided they meet pre-determined grant and programmatic requirements.

A. Formative Phase: September 1, 2010 – April 30, 2011

Applicants awarded a Formative Phase grant will work with the technical assistance team (JHSPH doctoral student and faculty, see Technical Assistance section below) who will provide guidance to project staff to develop a plan and pilot a prevention education intervention that incorporates evidence-based and local agency expertise.

By the end of the Formative Phase, grantees will have:

- *Selected an evidence-based approach to prevention education for children at risk for overweight and obesity;*
- *Created, tested and finalized, adapted curriculum and intervention materials that incorporate the evidence-base;*
- *Hired and/or trained program staff who will be conducting the obesity prevention education programs in the community during the implementation phase;*

- *Designed and finalized a program monitoring and evaluation plan, evaluation protocol, and evaluation tools for assessing program progress and effectiveness;*
- *Staff participated in trainings to create and finalize the evaluation database;*
- *Created and finalized a work plan and conceptual framework(project plan) for the implementation phase;*
- *Created a participant recruitment and retention plan;*
- *Completed at least one full pilot run of the intervention;*
- *Participated in the October, 2010 Technical Assistance Workshop;*
- *Participated in bi-annual conference calls.*

B. Implementation Phases: May 1, 2011 to December 31, 2012

This phase is divided into two parts, each lasting ten months:

Part 1: May 1, 2011 – February 29, 2012

In the first 10 months of the Implementation Phase, the intervention design conceptualized and tested in the Formative Phase is implemented in the field on a regular basis. Technical assistance and additional hands-on training on evaluation components will continue to be provided with required grantee staff participation. Major changes to the intervention during this Phase will not be permitted, but small modifications to maintain the quality of the intervention will be allowable. Indicators of successful Part 1 Implementation will include:

- A progress report that includes an analysis of progress toward meeting the program goal and objectives.
- Demonstrated reasonable progress will be required to receive the third grant for continuation of program implementation.

Part 2: March 1, 2012 – December 31, 2012

During the second 10 months of the Implementation Phase, all program intervention and evaluation activities will continue to be implemented as during Part 1 of this Phase. Technical assistance and additional hands-on training on evaluation components will continue to be provided with required grantee staff participation.

C. Wrap-Up and Dissemination Phase: January 1, 2013 to February 28, 2013

The final two months of the grant will be dedicated to final data analysis, completion of the final report, and dissemination activities such as the one described below.

- Each grantee is encouraged to submit an abstract to the American Public Health Association (APHA) Annual Meeting, to take place November 2-6, 2013 in Boston, MA. Accepted abstracts will receive additional funding beyond this grant to cover costs associated with this meeting.

The grant award amounts and dates are:

Phase	Length	Grant Award	Dates
Formative Phase	8 months	\$50,000	September 1, 2010 – April 30, 2011
Implementation Phase			
Part 1	10 months	\$75,000	May 1, 2011 – February 29, 2012
Part 2	10 months + 2 months (see below)	\$75,000	March 1, 2012–December 31, 2012
Wrap-Up & Dissemination Phase	2 months	Funds for this phase are in Implement. Phase 2	January 1 to February 28, 2013

TECHNICAL ASSISTANCE

The intent of this RFA is to award grants to applicants that demonstrate a clear understanding of the objectives, meet the eligibility criteria and make a compelling case to implement the grant as described above by sharing details about their organizational capacity and the community they serve, including: their experience in this area to date; and their aspirations for programming with the receipt of this funding.

Grantees will either enhance existing prevention education programs or develop new programs with evidence based interventions. To aid in this incorporation of evidence-based interventions the Johns Hopkins Bloomberg School of Public Health (JHSPH) will provide technical assistance throughout the entire J&J CHC grant period. During the Formative Phase, the technical assistance will help grantees to: reassess their goals and timelines (often ambitious when original conceived) in order to develop a project plan that sets realistic expectations for evidence-based program implementation; and design and implement an evaluation plan including database creation.

During the Implementation Phase, the technical assistance will help grantees assess if they are meeting the project plan; will aid in data review and analysis; and review participant recruitment and retention approaches. The ultimate goal of the technical assistance is to build in-house capacity for organizations to incorporate evidence-based approaches into their prevention education programs and strengthen their monitoring and evaluation (M&E) capacity.

RFP Guidelines
Johnson & Johnson Community Health Care Program
Application for 2010 - 2013 Funding Cycle
Deadline: June 7, 2010 - 5:00 p.m. (EST)

The following sections are required to complete your proposal:

- An Abstract
- A description of your organization
- A proposal narrative (goal, objectives, implementation and evaluation plan)
- Budget Form and plan for sustainability

The following Support Letters are required in your proposal and should be faxed to 410-510-1974:

- Include a Letter of Support (from the CEO or Board Chair).
- If applicable include letters endorsing community and other organizational collaborations.
- Include a copy of your 501(c)3 IRS letter to verify your organization's tax-exempt status.

PLEASE REVIEW THE FOLLOWING GUIDELINES:

Abstract

(250 words max.)

Describe the target population. Describe organizational capacity and staff skills relevant to childhood obesity prevention education interventions. Summarize the expected outcomes. Mention whether this proposal is an outgrowth of existing programs or a new initiative.

Organizational Information (10 points)

(1500 words max.)

Please describe the following:

- (1) Tell us about your organization, relevant personnel and available resources;
- (2) The proposal's target population;
- (3) Length of time that your organization has served this population;
- (4) The qualifications and demonstrated relevant skills of your implementation team:
Biographical paragraphs for the Program Director and other relevant staff on the proposal. Please include their academic background, appropriate experience relevant to community-based childhood obesity prevention interventions and past experience working with this population.
- (5) Any collaborations that your organization has as they relate to childhood obesity prevention interventions.

- (6) Describe how your organization has shared the results of other programs, including any conference presentations by staff related to this proposal.
- (7) Any awards or recognition your organization has received from the community or for service to the community.

Proposal Narrative (65 points total)

Needs Assessment (10 points)
(500 words max.)

Describe the extent of the childhood obesity problem among your target population, including information sources used to identify this health need. Provide local demographic data on sex, ethnicity, education and household incomes. Include national or state data to provide a context. If this proposal builds on an existing initiative, please describe the accomplishments to date. If this proposal is a new initiative, please describe any feasibility assessments that have been done to date.

Program Goals And Objectives (5 points)
(500 words max.)

Provide a clear goal, objectives (that are specific, measurable, achievable, relevant, time-bound), and valid indicators grounded on evidence based practices.

Program Plan - Operationalizing Your Program Goal And Objectives (30 points)
(2000 words max., inclusive of timeline)

Describe the program you would like to implement if successfully funded. List/quote the evidence-based approach(es) you plan to adapt during the Formative Phase in preparation for Implementation. Describe how you will reach your target population including recruitment and retention strategies. Please note if incentives will be used. List planned activities for each program objective. Must include timelines for all program activities (You may use the attached timeline as a guide.) Identify personnel responsible for each activity. Identify any partners, collaborating institutions or community groups, and describe their commitment to the goal and objectives of this project.

Evaluation (20 points)
(500 words max.)

Provide a general evaluation plan to assess your program's effectiveness in achieving specific goal and objectives. Anticipate outcome measures for each of your objectives. Estimate the total number of direct and indirect beneficiaries that will be reached. Describe your organization's capacity and commitment to participate on the hands-on training in evaluation design and implementation in collaboration with Johns Hopkins doctoral student and faculty mentor and supervisor. (Please refer to the J&J CHC Scholar's Program link for more information www.jjjhscholar.org)

Budget Justification and Plan for Sustainability (15 points)

Note: We do not support indirect costs.

Total operational budget for your organization

- Please use our attached Budget Template and name the document budget.xls.
- Provide the total dollar amount of the operational budget for your entire organization.
- If funded, what percentage will this J&J-funded program be of the total operational budget?
- Identify the funding sources currently supporting your existing program activities. If these existing funds will be blended or shared with this grant, letters of support (memoranda of understanding are acceptable) from those funding institutions should be included indicating their level of support for this proposed project.

Note: The three required budgets are to be incorporated into one Excel document.

Proposed budget for Formative Phase: \$50,000: September 1, 2010 - April 30, 2011
(250 words max.)

Include detailed budget requirements. Costs must be directly related to the development of the J&J CHC Program funded intervention, as follows:

1. Personnel time allotted to the Formative Phase process
2. Review and revision of program components, including goal, objectives, indicators and timelines.
3. Development and design (in close collaboration with the Johns Hopkins TA team) of an evaluation plan.
4. Development of evaluation tools and database creation.
5. Development and design of materials needed for the intervention.
6. Expenses directly related to the implementation of two pilots.

Proposed budget for Implementation and Communication Phases:

(Total 500 words max.: 250 words for each one of the implementation phases):

- **Implementation Phase-Part 1: \$ 75,000.00:** May 1, 2011 – February 29, 2012

- **Implementation Phase-Part 2 & Dissemination Phase: \$75,000:**

Implementation Phase 2: March 1, 2012 –December 31, 2012, and

Dissemination Phase: January 1, 2013 - February 28, 2013.

Must include detailed budget requirements. Costs must be directly related to the development of the J&J CHC Program funded intervention, as follows:

1. Direct program expenses, including personnel expenses and costs associated with implementing the intervention.
2. Costs associated with data entry using newly created database.

3. Participant recruitment and incentives.
4. Costs associated with data analysis, data presentation and report writing.
5. Administrative expenses directly related to the intervention activities (Note that the J&J CHC Program does not fund administrative expenses exceeding 15% of the total program budget).

Sustainability

(250 words max.)

Explain how this grant will help your organization obtain continuing funding for the program beyond this grant.

Other required documentation:

(Use our [Fax Coversheet](#) for all facsimile transmittals)

CEO Letter of Support

Please click "Submit" once you have faxed us a signed letter of support from your CEO or Board Chair. All letters must be on organization's letterhead and show original signatures. Please fax to 410-510-1974 using the attached [fax coversheet](#).

Collaborating or Endorsing Letters of Support

Please click "Submit" once you have faxed us signed letters of support from your collaborating partner(s) and/or endorsing persons/institutions. (Please send no more than two letters of endorsement). All letters must be on organization's letterhead and show original signatures. Please fax to 410-510-1974 using the attached [fax coversheet](#).

501(C) 3

Please click "Submit" once you have faxed us a copy of the IRS letter that verifies your organization's tax-exempt status. Review our [Helps/Guidelines](#) page for specific questions regarding this documentation. Please fax to 410-510-1974 using the attached [fax coversheet](#).

Overall Assessment (10 points)

This section is for the proposal reviewers' assessment only and cannot be modified by the applicant.

Please Note:

- This application is set to automatically log you out after 30 minutes of "inactivity," so be sure to "Submit" your work periodically.
- Applications will ONLY be accepted online, not via U.S. mail, facsimile or as an e-mail attachment.
- **Your information is neither entered into our database, nor considered complete until you click the "SUBMIT FINAL APPLICATION" button.** This button will appear only after all boxes on the application have been checked off.
- Once you have completed a final submit of your application, you should receive the message, "We have received your application."
- Sierra Veale, Administrative Coordinator, Johns Hopkins Community Health Care Program, will contact you within the next few days if any part of your application appears missing or incomplete. For questions regarding your application, please call Sierra Veale at (443) 287-5138.

Appendix A

Johnson & Johnson recognizes that there is a limited evidence base for successful approaches to preventing obesity in adults, and an even more limited set of proven interventions for obesity prevention in children. Some specific education interventions have been demonstrated to be effective. For example, educating parents and children about “screen-time” and reducing the amount of screen-time for children has been demonstrated to be effective. Through this initiative, we hope to expose grantees to these and other effective educational interventions. A recent AHQR meta-analysis provides a nice summary of some approaches and can be found at the following web link:

<http://www.ahrq.gov/clinic/uspstf10/childobes/chobeses.pdf>

Johnson & Johnson also recognizes that community organizations have created their own effective obesity prevention programs for children and this initiative hopes that these lessons from the field will be incorporated with the evidence-based interventions cited above.