

frequent or binge drinking in a population of childbearing-age women of at least 350,000; or a birth cohort of at least 25,000 births per year with a minimum FAS prevalence rate of one per 1,000 live births.

2. Demonstrate the capacity to conduct community-based prevention programs in Maternal and Child Health, and to monitor adverse exposures and outcomes in these populations.

The applicant must include the above documentation in the first three pages of the application following the face page. If it is not included, the application will be determined as non-responsive and returned without review.

**Note:** Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

## D. Funding

### *Availability of Funds*

Approximately \$1,200,000 may be available in FY 2003 to fund approximately three to five awards. It is expected that the average award will range from \$300,000 to \$500,000. It is expected that the awards will begin on or about September 1, 2003, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

### *Use of Funds*

These awards may be used for personnel services, equipment, travel, and other costs related to project activities. Project funds may not be used to supplant state funds available for birth defects surveillance or prevention, health care services, patient care, nor construction.

Award recipients agree to use cooperative agreement funds for travel by project staff selected by CDC to participate in CDC-sponsored workshops or other meetings, such as regional or annual meetings.

### *Recipient Financial Participation*

Matching funds are not required for this program.

## E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. Recipient Activities. CDC will be responsible for the activities listed under 2. CDC Activities.

### 1. Recipient Activities

a. Use surveillance or other population-based methods or systems data to identify clusters of FAS cases or populations of high risk childbearing-age women in specific geographic regions (*i.e.*, state, county, or tribal community) and/or use innovative analytic techniques such as Geographic Information Systems (GIS) to identify and monitor geographic areas of populations at risk.

b. Develop and implement a plan for prevention of FAS in a targeted geographic region that has increased rates of women at high risk for an alcohol-exposed pregnancy and/or increased rates of infants and children with FAS. (*See* eligibility criteria)

c. Develop linkages with existing, community-based programs that provide preventive health services to childbearing-age women and their families. These programs include, but are not limited to, Women, Infant, and Children (WIC), contraceptive counseling and services including abstinence, prenatal care clinics, sexually transmitted diseases clinics, primary care settings, alcohol and drug treatment centers, and mental health services programs.

d. Design and implement evidence-based interventions, such as, but not limited to, those recommended by the Institute of Medicine, "Fetal Alcohol Syndrome: Diagnosis, Epidemiology, Prevention and Treatment 1996."

e. Design and implement a provider education component for health personnel involved in intervention and surveillance and monitoring activities.

f. Evaluate the outcomes (effectiveness and cost-effectiveness) of the high priority interventions (universal, selective or group, and/or indicated or individual) among childbearing-age women exposed to the intervention at the community and individual level, including the selection of appropriate outcomes for measuring a reduction in the number of FAS cases in the targeted community, region, or state, as well as reductions in alcohol use rates among childbearing-age women, and reduction in the number of alcohol-exposed pregnancies.

g. Evaluate the interventions using process measures that monitor key indicators of success, such as levels of alcohol use screening in childbearing-age women; availability, accessibility and utilization of proposed interventions; and community services including alcohol and drug treatment for those who screen positive.

Additional measures that might also be used include, but are not limited to,

estimating the number of alcohol-exposed pregnancies averted and/or number of women who used alcohol in the previous pregnancy who report intentions to abstain during their next pregnancy. Depending upon the intervention being proposed, enhanced use of contraceptive counseling and services may also be a relevant measure.

h. Evaluate the project components aimed at linking children with FAS to appropriate services. Examples of process measures include: Changes in knowledge, attitudes, and practice behaviors of health and allied professionals, as well as school personnel; increased numbers of children referred for FAS diagnostic evaluations; increased numbers of Individual Education Plans (IEPs) that address the specific needs of children with FAS currently in the school system; and identification of the barriers children with FAS have in accessing needed services, as well as gaps in the availability of needed services, including plans to address these barriers and gaps.

i. Develop procedures that insure that prevention interventions and surveillance and monitoring systems meet strict confidentiality standards and incorporate recommended CDC case definitions.

j. Analyze and disseminate prevention and surveillance data generated by the system(s) in a timely fashion including intervention outcome results, rates, trends, and risk factors for FAS (*e.g.*, publish annual peer-review reports on the surveillance data and interventions).

k. Coordinate prevention efforts with state, local, tribal, and maternal and child health programs to assure appropriate health and educational services to individuals, as well as to enhance awareness among public and private providers concerning the prevention, diagnosis and treatment of FAS.

l. Supply support letters that document concurrence with this plan by other units or organizations (such as those mentioned in item "k" above) that are collaborating with the applicant.

m. Collaborate with other participating sites and CDC in preparing and publishing study results.

n. Implement quality assurance procedures to ensure that study protocols are being followed, and that the surveillance and intervention procedures are being uniformly implemented in all participating sites.

### 2. CDC Activities

a. Assist in the design of prevention, surveillance and monitoring programs.