

iii. *Project Staff.* Establish and maintain project staff sufficient to provide oversight and technical assistance to the funded communities.

(d) Technical Assistance

The state health department and state education agency should provide or facilitate the provision of technical assistance, consultation, and support to the funded communities in:

i. *Monitoring Disease Burden.* Defining and monitoring the burden of chronic diseases and disparities through surveillance, epidemiology, and existing data sources (e.g., vital statistics, hospital discharge data, WIC data, community health centers data, Health Centers Uniform Data System, Medicaid and Medicare data).

ii. *Risk Factor Surveillance.* Working with participating communities and other interested parties, ensure that surveillance mechanisms are in place to monitor changes in risk factors (e.g., BRFSS & YRBSS).

iii. *Program Evaluation.* Work with funded communities on on-going evaluation, including assessing the effectiveness of, targeting of, number of persons reached by, and use of intervention strategies; tracking the accomplishment of activities and the achievement of short-term and intermediate outcomes; monitoring changes in health outcomes; tracking performance in relationship to budget execution; and using program evaluation findings to adjust plans and strengthen the program.

iv. *Evidence-Based Practices.* Accessing and sharing with funded communities current prevention effectiveness, intervention effectiveness, and other research and program evaluation findings. Identifying and sharing promising practices.

v. *Community Support.* Helping to build community engagement, mobilization, ownership, and organization.

vi. *Intervention Selection and Development.* Identifying, recommending, and adapting, evidence-based intervention strategies consistent with the needs, cultures, and resources of the communities.

vii. *Resource Development.* Promoting public and private resource development in support of community-based intervention strategies and long-term sustainability.

(e) Project Monitoring and Evaluation

The state health department should work with each of the selected communities to ensure that surveillance mechanisms collect representative data for program planning and monitoring.

Obtain existing and new data sources to better understand the burden and trends of chronic diseases, and associated risk factors, and the effects of the STEPS program.

(f) Information Sharing

The state health department should actively promote the sharing of experiences, strategies, and results among communities and cities within the state, between states funded under this program announcement, and with other interested communities. Support community efforts by ensuring effective, timely communication and exchange of information, experiences, and results through the use of the internet; management information systems; other electronic approaches and formats; workshops; site visits to and between communities and cities; and other activities.

4. HHS Activities

(a) Leadership and Coordination

i. *HHS Prevention Steering Committee.* An HHS Prevention Steering Committee has been established to coordinate and organize the "Steps to a HealthierUS" initiative and is comprised of high-level representatives of relevant HHS agencies and offices. The Committee will provide ongoing policy oversight and direction to STEPS and will coordinate technical assistance from each agency in support of the successful achievement of the purposes and performance objectives of this program announcement.

ii. *STEPS workgroup.* A STEPS workgroup comprised of representatives from funded communities, cities, tribes and states will be established and coordinated by the HHS Prevention Steering Committee in collaboration with the National Association of City and Community Health Officers, the Association of State and Territorial Health Officials, the National Association of Community Health Centers, the Association of Maternal and Child Health Programs, and other public health leadership organizations to:

a. Ensure collaboration between the recipients and their key partners funded under this program announcement and other local and state chronic disease prevention and control programs.

b. Anticipate the priority needs of recipients and prepare to meet these needs on a timely basis so that STEPS is implemented efficiently and successfully.

c. Assist in organizing and facilitating approaches to sharing experiences, lessons learned, results, and resources

among recipients and existing community and state local chronic disease programs.

d. Make available the expertise, staff, and evidence-based resources of HHS agencies to assist and enhance the work of funded communities, states, and tribes.

iii. In concert with all of the HHS activities planned in support of STEPS, the Indian Health Service will provide additional coordination and assistance to the tribe funded under this announcement.

(b) Technical Assistance

Provide technical assistance, training, and support to funded projects in the areas of surveillance and epidemiology, community assessment and planning, evidence-based interventions, community mobilization and partnership development, monitoring of program performance outcomes, data management, program sustainability, and other areas as needed. Provide on-site assistance, workshops, webforums, training and intervention materials.

(c) Evaluation Oversight and Coordination

HHS will separately fund and direct an independent, external evaluation of STEPS. However, recipients are expected to budget for their full participation in the data collection associated with this external review. Additionally, HHS will coordinate cross-site evaluation activities, including the establishment of core performance measures. HHS will provide, or ensure the provision of, expert resources to assist communities, states and tribes in the design, collection, analysis, and use of comparable evaluation data for evaluating and strengthening their programs.

F. Content

*Letter of Intent (LOI)*

An LOI is requested from all potential applicants for the purpose of planning the competitive review process. The narrative should be no more than two pages, double-spaced, printed on one side, with one-inch margins, and unredacted 12-point font. LOIs should include the following information: (1) The program announcement title and number; (2) whether the application will be from a Large City and Urban Community applicant, a Tribal applicant, or a State-Coordinated Small City and Rural Community applicant; and (3) the name of the applicant agency or organization, the official contact person and that person's telephone