

for conditions such as high cholesterol and high blood pressure using methods detailed in national clinical guidelines. Along with lifestyle interventions, medical referral and follow-up are also important components of the program.

Component 4: State-Based Oral Disease Prevention Programs—The purpose of this program is to establish, strengthen and expand the capacity of States, Territories, and tribes to plan, implement, and evaluate population-based oral disease prevention and health promotion programs, targeting populations and oral disease burden, as outlined in “Oral Health in America: A Report of the Surgeon General,” and can be found using the following link <http://www.surgeongeneral.gov/library/oralhealth>.

Component 5: Arthritis—The purpose of this program is to assist States in developing, implementing, and evaluating State level programs to control of arthritis and other rheumatic conditions. This program emphasizes State-based leadership in coordinating State Health Department capacity to reduce the burden of arthritis within the State. Programmatic efforts should focus on persons affected by arthritis, *i.e.*, persons already experiencing the systems of arthritis, their families, and others treating or providing services for persons with arthritis. By targeting persons affected by arthritis, prevention strategies are secondary and tertiary, focusing on prevention of disability and improving quality of life. There will be two levels of activities for this component: Capacity Building Program Level A and Capacity Building Level B. See “Recipient Activities” for specific activities for each level.

Component 6: Behavior Risk Factor Surveillance Systems (BRFSS)—The purpose of this program is to provide financial and programmatic assistance to State Health Departments to maintain and expand (1) specific surveillance using telephone survey methodology of the behaviors of the general population that contribute to the occurrence of prevention of chronic diseases and injuries, and (2) the collection, analysis, and dissemination of BRFSS data to State categorical programs for their use in assessing trends, directing program planning, evaluating programs, establishing program priorities, developing policy, and targeting relevant population groups.

Component 7: Genomics and Chronic Disease Prevention—The purpose of the program is to assist States in developing agency-level genomics leadership and coordination capacity that ensures effective planning, implementation and evaluation of knowledge and tools for

using genetic risk factors and family history in improving chronic disease prevention and health outcomes. The study of genes and their function has led to recent advances in genomics and our understanding of the molecular mechanisms of disease, including the complex interplay of genetic and environmental factors. This program requires the integration of genomics and family history assessments into ongoing and new population-based strategies for identifying and reducing the burden of specific chronic, infectious and other diseases. Of particular importance is enhanced planning and coordination to integrate genomics into core State public health specialties of genomics within State core public health specialties (such as epidemiology, laboratory activities, and environmental health) and to facilitate the effective application of new knowledge, enable effective application of new knowledge about gene-environment interactions, and crosscutting family history information to chronic disease prevention opportunities.

Note: The following statements are applicable for all Components: Measurable outcomes of the program will be in alignment with one or more of the following performance goals for the National Center for Disease Prevention and Health Promotion (NCCDPHP): Reduce cigarette smoking among youth; support prevention research to develop sustainable and transferable community-based behavioral interventions; increase the capacity of State arthritis programs to address the prevention of arthritis and its complications at the community level; help States monitor the prevalence of major behavioral risks associated with premature morbidity and mortality in adults to improve the planning, implementation, and evaluation of disease prevention and health promotion programs; support high-priority State and local disease prevention and health promotion programs, and to help State use genetic information in their public health programs.

Applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the grant or cooperative agreement. Measures of effectiveness must relate to the performance goal (or goals) as stated in section “B. Purpose” of this announcement. Measures must be objective and quantitative and must measure the intended outcome. These measures of effectiveness shall be submitted with the application and shall be an element of evaluation.

C. Eligible Applicants

Limited Competition

Assistance will be provided only to the health departments of States or their bona fide agents, including the District of Columbia, the Commonwealth of

Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau, and Federally recognized Indian tribal governments. A bona fide agent is an agency/organization identified by the State as eligible to submit an application under the State eligibility in lieu of a state application.

All applications received from current grant recipients under Program Announcements 99038, Component 1, (Comprehensive State-Based Tobacco Use Prevention and Control Programs); 00115 and 99135, Component 3 (Well Integrated Screening and Evaluation for Women Across the Nation WISEWOMAN) and 01098 (WISEWOMAN Enhanced); 01046, Component 4 (Support for State Oral Disease Prevention Programs); 01097, Component 5 (Reducing the Impact of Arthritis and Other Rheumatic Conditions); 99044, Component 6, (Behavior Risk Factor Surveillance Systems) will be funded upon receipt and approval of a technically acceptable application. In addition to the eligible applicants above, potential applicants that are eligible for specific components 2, 3, 4, 5, 6, and 7 are:

Component 2—State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases: Eligibility for this component is limited to States, Territories, and the District of Columbia. Applicants can apply for either or both programs, “Capacity Building or Basic Implementation funding.” Applicants awarded Basic Implementation funds will not be considered for Capacity funding. Applicants applying for both programs must submit two separate applications for this component.

Component 3—WISEWOMAN: Assistance will be provided only to the health departments of certain States/Territories/Tribes or their bona fide agents who are currently receiving grants under Section 1501 of the Public Health Service Act. Applicants are eligible for one of two levels of funding for one of two types of projects, Standard or Enhanced (see Appendix A: Eligibility and Appendix B: Type of Program and Performance Requirements for more details).

Component 4—State-Based Oral Disease Prevention Programs: The 13 States currently receiving CDC funds for CORE Programs under Program Announcement 01046 are eligible to apply for Part 1 Capacity Building Program: Alaska, Arkansas, Colorado, Illinois, Michigan, New York, Nevada,