



## Office of the Secretary: Evidence-based Clinical and Community-based Prevention Strategies - Communities Putting Prevention To Work!

### A. Funding Table

(Dollars in Millions)

	<b>Total Appropriated</b>	<b>Planned Obligations FY 2009</b>	<b>Planned Obligations FY 2010</b>
Total funds available for Evidenced-Based Clinical and Community-Based Prevention and Wellness Strategies	\$650.0	*	*
<b>Total</b>	650.0	*	*

\*HHS is currently developing a plan that specifies the kind and scope of activities that will be funded to achieve the program's objectives. Planned obligations are not yet determined.

The Department of Health and Human Services (HHS) Office of the Secretary is currently developing a plan and a corresponding funding allocation for spending appropriated dollars to execute this program. The American Recovery and Reinvestment Act (Recovery Act) provided the HHS Office of the Secretary the authority to transfer funds to other HHS agencies to execute this program.

### B. Objectives

The overarching goal of the initiative is to reduce risk factors and prevent/delay chronic disease, promote wellness, and better manage chronic conditions. This program will spend appropriated funds to execute evidence-based clinical and community-based prevention and wellness strategies that the Public Health Service Act authorizes. This program will deliver specific, measurable health outcomes that address chronic disease rates.

These programs will focus on system-level changes and clinical-community health linkages for chronic disease prevention and control. The initiative will also require communities to work in focused prevention areas related to chronic disease.

### C. Activities

HHS is currently developing a plan that specifies the kind and scope of activities that HHS will fund to achieve the program's objectives. HHS is considering various approaches for this program.

### D. Characteristics

HHS is currently developing a plan that specifies the financial award mechanisms that HHS will use to execute the program and the recipients and beneficiaries of the program funds. HHS is considering various award mechanisms, such as grants, contracts, and cooperative agreements. HHS is also considering the appropriate intended recipients for each type of award, such as researchers, academic



institutions, states, community-based organizations, national organizations, and private or non-profit organizations.

### **E. Delivery Schedule**

HHS will develop a schedule with milestones and planned delivery dates for major phases of the program's activities.

### **F. Environmental Review Compliance**

The grants and contracts addressed in this program are subject to a National Environmental Policy Act (NEPA) categorical exclusion promulgated by HHS [65 FR 10229 (2/25/2000)] and additional NEPA review is not required.

Categorical exclusions and other environmental reviews will be documented in writing and reported on the Section 1609(c) report.

### **G. Measures**

HHS is currently developing expected quantifiable outcomes that will show how execution of this program will deliver specific, measurable health outcomes that improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care. These measures will be reported quarterly and help HHS track progress toward the program's goals and objectives.

### **H. Monitoring and Evaluation**

All Recovery Act programs will be assessed for risk and to ensure that appropriate internal controls are in place throughout the entire funding cycle. These assessments will be done consistent with the statutory requirements of the Federal manager's Financial Integrity Act and the Improper Payments Information Act, as well as OMB's circular A-123 "Management's Responsibility for Internal Control".

HHS is developing a process for periodic review of the program's progress to identify areas of high risk, high and low performance, and any plans for longer term impact evaluation.

### **I. Transparency**

The Office of the Secretary (OS) will be open and transparent in all of its grants competitions that involve spending of Recovery Act funding consistent with statutory and OMB guidance.

HHS will ensure that recipient reporting required by Section 1512 of the Recovery Act and OMB guidance is made available to the public on Recovery.gov by October 10, 2009. HHS will inform recipients of their reporting obligation through standard terms and conditions, grant announcements, contract solicitations, and other program guidance. HHS will provide technical assistance to grantees and contractors and fully utilize Project officers to ensure compliance with reporting requirements



## **J. Accountability**

To ensure that managers are held to high standards of accountability in achieving program goals under the Recovery Act, HHS will build on and strengthen existing processes. Senior OS officials will meet regularly with senior Department officials to ensure that projects are meeting their program goals, assessing and mitigating risks, ensuring transparency, and incorporating corrective actions. The personnel performance appraisal system will also incorporate corrective actions. The personnel performance appraisal system will also incorporate Recovery Act program stewardship responsibilities for program and business function managers.

## **K. Barriers to Effective Implementation**

One potential barrier/risk to effective implementation is funding projects that do not meet the needs of stakeholders as there is significant national interest in how these funds are utilized. An external stakeholders meeting was held on March 19 at which 44 organizations participated. To minimize this risk, HHS will continue to increase the transparency and explicit process for the use of these funds and will continue to engage stakeholders throughout the implementation process. Timing of grant awards may be an additional barrier to effective implementation. HHS is mindful of the urgency of making grant awards as communities need sufficient time to develop applications, implement strategies, and monitor progress.

## **L. Federal Infrastructure**

HHS will ensure that its final plan complies with energy efficiency and green building requirements, if applicable.