

COMMUNITY ACTIONS TO PREVENT CHRONIC DISEASES (CAPCoD): REQUEST FOR APPLICATIONS

Release Date: December 1, 2004

Expiration Date: February 4, 2005

GOVERNING AND SPONSORING ORGANIZATIONS:

Oxford Vision 2020

(<http://www.oxfordvision2020.org/view.asp?ID=87>)

Yale University School of Public Health

(<http://info.med.yale.edu/eph/>)

LETTER OF INTENT RECEIPT DATE: February 4, 2005

THIS REQUEST FOR APPLICATIONS (RFA) CONTAINS THE FOLLOWING INFORMATION

- o Purpose of this RFA
- o Background
- o Project Objectives
- o Governance
 - External Advisory Committee
 - Steering Committee
 - Protocol Development Committee
- o Mechanisms of Support
- o Funds Available
- o Eligible Institutions
- o Individuals Eligible to Become Principal Investigators
- o Special Requirements
 - Primary units of study
 - Community Teams
 - Controls
 - Measurements at baseline and over time
 - Ethics
- o Where to Send Inquiries
- o Letter of Intent
- o Submitting an Application
- o Review Process
- o Review Criteria
 - Objectives
 - Approach
 - Innovation
 - Investigators and Community Team
 - Community and location
 - Sustainability
 - Previous Publications, Studies or Population Data
- o Receipt and Review Schedule

PURPOSE OF THIS REQUEST FOR APPLICATIONS (RFA)

Oxford Vision 2020 requests proposals exploring potential multisectoral community-level interventions to decrease morbidity, mortality and disability associated with chronic diseases through the reduction of the three prime risk factors: tobacco, unhealthy diet and the lack of physical exercise. This RFA will (1) fund initial project planning and information gathering, (2) provide academic support to develop scientifically and economically sound projects, (3) provide professional support to write competitive proposals to acquire funding through outside sources, and (4) facilitate international exposure and networking for selected projects through published papers and conferences. The types of projects this initiative supports are (1) planning projects to design and test interventions supported by current epidemiologic and clinical evidence, and (2) exploratory studies to establish an evidence base for future interventions. The focus of both types of activities should be on improving health outcomes and decreasing the rates of chronic disease morbidity and mortality in the communities within five years of the projects' inception. A long-term goal of the projects is to establish a global network of chronic disease prevention and research centers, which will act as model and training sites for their region. The projects must be led by multi-sectored Community Teams with a range of relevant expertise and resources to achieve the common goal of alleviating the burden of chronic diseases in the communities.

BACKGROUND

Chronic diseases are the largest cause of death in the world. In 2002, the leading chronic diseases—cardiovascular disease, cancer, chronic respiratory disease and diabetes—caused 29 million deaths worldwide. Despite growing evidence of epidemiological and economic impact, the global response to the problem remains inadequate. Stakeholders with an interest in chronic disease prevention include the government, the World Health Organization and other United Nations bodies, academic and research groups, nongovernmental organizations, and the private sector. Lack of financial support retards capacity development for prevention, treatment, and research in most developing countries and many developed countries. Reasons for this include that up-to-date evidence related to the nature of the burden of chronic diseases is not in the hands of the decision makers and strong myths persist that chronic diseases afflict only the affluent and the elderly, that they arise solely from freely acquired risks, and that their control is ineffective and too expensive and should wait until infectious diseases are addressed. The influence of global economic factors on chronic disease risks impede progress, as does the orientation of the health systems towards acute care. A more concerted, strategic and multisectoral policy approach, underpinned by solid research, is essential to reverse the negative trends in the global incidence of chronic disease.

Community action aimed at preventing chronic diseases has been successful in a number of countries. This includes lowering the incidence of cardiovascular disease due to decreased consumption of saturated fats and less smoking, reducing lung cancer incidence through successful tobacco control programs and improving post myocardial infarction survival through the use of pharmacotherapy. However, similar progress has not yet been reported with respect to the global obesity epidemic and its twin causes: unhealthy diets and physical inactivity. This is particularly worrying since obesity trends in children in developed and developing countries are increasing along with the serious sequelae they cause: type II diabetes, CVD and other diseases. Inspiring evidence of how best to address these problems is woefully lacking on a worldwide basis, inhibiting the development of coherent policies and action plans at community and national levels.

Through CAPCoD, Oxford Vision 2020 is committed to providing the needed evidence by developing community-based intervention projects that either initiate and evaluate new approaches to prevention, or build on fledgling and promising initiatives already underway that require scaling-up and formal evaluation. Thus, CAPCoD focuses on actions at a community-level and does not consider the broader policy framework that would be required to sustain and expand initiatives. This requires government to play their role, NGOs to be active at community level, and industry to support workplace programs and, in some instances, changes in their core business practices. CAPCoD's objectives and requirements deliberately remain brief and flexible to promote innovation in tackling chronic diseases.

In formulating CAPCoD projects, applicants should consider Cochrane reviews, as well as published and unpublished documented successes of interventions. Oxford Vision 2020 will provide support in developing the projects after letters of intent are received. Projects should be carefully adapted to each community setting. Interventions are encouraged to include an ongoing educational and multi-media component, community advocacy, and structural and programmed elements. Interventions might include, but are not limited to, changes in physical activity programs and facilities, cafeteria food availability, quality and information at schools and in workplaces, transport to work and school, local media messages, and a concerted effort to provide secondary prevention for adults found to be at risk for chronic diseases.

PROJECT OBJECTIVES

- o Provide evidence that concerted actions at community level involving workplaces, schools, health services and selected other settings can reduce the level of major risks for chronic diseases in target groups including workers, children and their families, over a period of five years
- o Demonstrate the value of innovative forms of creative public-private-academic-civil society interactions to improve community health
- o Develop models of how successful projects could be sustainable and replicated over time
- o Develop theory-based models which consider health behavior theory and sociological theory
- o Ensure that progress and results are effectively communicated to key decision makers and the media.
- o Develop a network of chronic disease prevention and research sites worldwide to act as regional training centers for chronic disease work in the future.

GOVERNANCE

- o External Advisory Committee
- o Steering Committee
- o Protocol Development Committee

EXTERNAL ADVISORY COMMITTEE (EAC): The EAC will review and select the letters of intent and applications submitted, and also provide strategic, high level advice and direction to the projects during their development and implementation. The EAC will include globally and nationally respected people drawn from the fields of public health and related areas. They will not be representatives of any of the participating research groups.

STEERING COMMITTEE (SC): The SC, based at Yale University's School of Public Health, will support the overall intellectual direction of the project and address its logistic needs. It will be chaired by Derek Yach, who also serves on the Oxford Vision 2020 Steering Committee. It will comprise at least one representative of each Community Team selected and the needed operational support. It will be responsible for the daily management and administration of

CAPCoD, monitor and report on quality control on a continuous basis, and report directly to the External Advisory Committee.

PROTOCOL DEVELOPMENT COMMITTEE (PDC): The PDC will be comprised of experts in community project design who will work with initially selected “promising projects” to revise their proposals and prepare them for submission to major international funding agencies. The PDC will provide ongoing technical, analytical, scientific and economic support throughout the course of each project.

MECHANISMS OF SUPPORT AT EACH PHASE

Financial and technical support will be provided over three increasingly selective phases:

PHASE 1: Two principle investigator(s) and/or representatives for each of the 12-20 most promising letters of intent will be invited to Yale University, all expenses paid, for 10 days of intensive work refining their project proposals. Together, they will attend workshops on protocol development, grantsmanship and seeking local human and financial support, given by the PDC and be provided open access to the best academic resources to complete their proposals. The benefits of a project being selected at this phase include international networking potential, proposal development, educational value and free academic analysis.

PHASE 2: 5-10 of the most promising projects selected from Phase 1 will be granted \$5,000 to convene meetings of the Community Team and other active project facilitators and participants, adapt the proposal to the community, contribute to pilot studies and information gathering and create a final, polished proposal ready for submission to major international funding agencies, such as NIH and Wellcome. Oxford Vision 2020 will send EAC advisors with community-development experience to the project site to ensure that the project is well-adapted to the community and to assess the interest of supporting institutions and project sustainability. The benefits of being selected at this phase include local networking potential, capacity building, proposal development uniquely adapted to the community, financial support and free academic analysis.

PHASE 3: The two strongest proposals from Phase 2 will be invited to the Fall 2005 Oxford Vision 2020 Conference at Yale University, all expenses paid, to present their work. The presentations will be given to a large audience that includes international chronic disease experts, NGOs, national government and WHO officials, and potential public and private funders. The benefits of being selected for this phase include international exposure and further networking potential.

FUNDS AVAILABLE

The funding will cover (1) participation in an intensive protocol development workshop with the PDC and (2) seed grants for pilot study development described above.

In addition, a cost sharing mechanism will be developed during protocol development that encourages participating employer groups to share in core costs for the overall project, and community specific costs to cover interventions in their community. Core costs cover the development phase, evaluations, ongoing analysis and communications and governance mechanisms. It is anticipated that a variety of public and private supporters of research will supplement the funds provided by employers. A strong set of materials will be developed to motivate potential donors about the importance and possible outcomes of this project.

ELIGIBLE INSTITUTIONS

You may submit (an) application(s) if your institution(s) have any of the following characteristics:

- o For-profit or non-profit organizations
- o Public or private institutions, such as universities, colleges, hospitals, and laboratories
- o Units of State and local governments
- o Eligible agencies of the Federal government
- o Domestic or foreign institutions/organizations
- o Faith-based or community-based organizations.

INDIVIDUALS ELIGIBLE TO BECOME PRINCIPAL INVESTIGATORS

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed project is invited to work with their institution(s) to develop an application for support. Multiple co-principal investigators are possible. One principal investigator from each project must live in the country where the project is implemented.

SPECIAL REQUIREMENTS

- o Primary units of study
- o Community Teams
- o Controls
- o Measurements at baseline and over time

PRIMARY UNITS OF STUDY: The primary units of study will be individuals in communities in developed and developing countries. The target population for interventions could be workers, schoolchildren and their families in the catchments of the employee. The benefits of such an approach would be that (1) logistics and costs could be shared at a community level and (2) opportunities would be created for employers and families to be actively involved in all aspects of the study, leading possibly to increased ownership over the outcomes, increased morale and a greater chance of sustainability. Alternative target populations will be considered if there is strong evidence of sustainability.

COMMUNITY TEAM: All projects must include a Community Team: a group whose individuals represent the key participating institutions. For example, such individuals may come from government, private companies, schools, health authorities, and other local organizations. These individuals will (1) provide support for the operational aspects of the work on a continual basis throughout the development and implementation of the project from start-to-finish, and (2) serve as liaisons between CAPCoD and their respective institutions. Formal spokespersons for the initiative at the local community level must be selected.

CONTROLS: Controls must be included in the project for analysis. There are several options for the selection of controls. Each could provide different and useful information about the impact of the interventions. They require more study and could include the following: (1) families (and children) in the same area but not employed by the study employer, (2) staggered introduction on interventions, (3) communities matched for key demographic features of the study community, and (4) regional and national secular trends.

MEASUREMENTS AT BASELINE AND OVER TIME: Measurements must be taken at baseline and over time to evaluate and ensure the project's effectiveness. The evaluation will be based on assessing changes in key behavioral risk factors (diet, physical activity, tobacco) and their behavioral and environmental determinants. We will assess these through (1) selected biological measurements (BMI, blood pressure, blood glucose and cholesterol) and (2) a questionnaire addressing factors considered impediments or incentives for healthy behavior, including the importance and relative influence of various information sources. Currently available, well-tested instruments will be adapted. In addition to these risk factor measures, process measures will also be developed to monitor progress in building teams to address chronic disease. Measurements will be taken at baseline, at two years and at five years. A core group of measurements will be standardized across all sites and remain constant over time to ensure comparability.

In addition, information related to the cost and benefit of intervention will be collected and a cost-benefit analysis of the intervention will be conducted as the measure of feasibility and sustainability. Change will also be assessed at the family, organizational, community and policy levels.

ETHICS: Applications will be submitted to national (and where called for, local) ethics committees, to international bodies involved, and to key participating academic/research groups. The issues of confidentiality, conflict of interest, and clinical support will be given special attention.

WHERE TO SEND INQUIRIES

We encourage inquiries concerning this RFA and welcome the opportunity to answer questions from potential applicants. Direct your questions to:

CAPCoD Steering Committee
Attn: Marissa Kellogg, Coordinator
Yale University School of Public Health
60 College St, Ste 319
New Haven, CT 06520
PHONE: 1.203.785.4852
FAX: 1.203.785.6193
EMAIL: marissa.kellogg@yale.edu

LETTER OF INTENT

Prospective applicants must submit a two- to four-page letter of intent that should include the following information:

- o Descriptive title of the proposed project
- o Name, title, address, and telephone number of the Principal Investigator
- o Participating institutions
- o Names, titles, and signatures of Community Team members and/or other support personnel
- o Brief summary of the proposed project
- o An indication of how the Community Team will adopt this proposal to their local setting

The letter will be used by the EAC to select projects to enter Phase 1.

The letter of intent is to be sent by the date listed at the beginning of this document. The letter of intent should be sent to:

CAPCoD Steering Committee
Attn: Marissa Kellogg, Coordinator
Yale University School of Public Health
60 College St, Ste 319
New Haven, CT 06520
PHONE: 1.203.785.4852
FAX: 1.203.785.6193
EMAIL: marissa.kellogg@yale.edu

REVIEW PROCESS

The EAC will review the letters of intent by early March and select the projects for advancement to the next phase. The protocol development meeting will be in May or June and site visits will take place July or August.

REVIEW CRITERIA

The goal of Oxford Vision 2020 is to define innovative pathways for action which will prevent the forecast massive growth of chronic diseases and the consequent deaths. Reviewers on the EAC will be asked to evaluate the application in order to judge the likelihood that the proposed research will have a substantial impact on the pursuit of these goals. The EAC will score and rank the letters of intent or proposals at each phase by addressing each of the following criteria in assigning the application's overall score and weighting them as appropriate:

- o Objectives
- o Approach
- o Innovation
- o Investigator and Community Team
- o Community and Location
- o Sustainability
- o Publications, Previous Studies or Population Data

The application does not need to be strong in all categories to be judged likely to have major scientific impact and thus deserve a high priority score. For example, an investigator may propose to carry out important work that by its nature is not innovative but is essential to move the field forward.

Preference will be given to developing countries and underserved or historically disadvantaged populations.

OBJECTIVES:

- o Are the objectives in line with Oxford Vision 2020's goals?
- o Do they address all of the following: smoking, diet and exercise?
- o If the aims of the application are achieved, how will scientific knowledge be advanced?
- o What will be the effect of these studies on the concepts or methods that drive this field?

APPROACH:

- o Are the conceptual framework, design, methods, and analyses adequately developed, well-integrated, and appropriate to the aims of the project?
- o Does the applicant acknowledge potential problem areas and consider alternative tactics?
- o Who is the target population?
- o Can logistics and costs be shared at a community level?
- o Are there opportunities for community members to be actively involved in all aspects of the study, leading to increased ownership over the outcomes thereby increasing morale and chances of sustainability?
- o Who are the controls and how are they measured?

INNOVATION:

- o Does the project employ novel concepts, approaches or methods?
- o Are the aims original and innovative?
- o Does the project challenge existing paradigms or develop new methodologies or theories?

INVESTIGATOR AND COMMUNITY TEAM:

- o Is (are) the investigator(s) appropriately trained and well suited to carry out this work?
- o Is at least one individual from each institution involved and the community a member of the Community Team?
- o Are the investigator(s) and Community Team members committed to supporting the project from start to finish?
- o Is the work proposed appropriate to the experience level of the principal investigator and Community Team members?

COMMUNITY AND LOCATION:

- o Does the proposed project take advantage of unique features of the community or employ useful collaborative arrangements?
- o Is there evidence of sufficient institutional support?
- o Is there societal stability and local political support?
- o Is there interest of a major local employer (such a private company, such as a pharmaceutical or food company, a university/research group or other major employing institution with at least 1,000 staff)?
- o Is there evidence of a high prevalence of risk factors: smoking, obesity and lack of physical activity in adults and children?
- o Is there infrastructure to support research and project management (though this can be "imported")?
- o Are the local schools and health services relatively well organized and accessible?

SUSTAINABILITY:

- o Will this project be able to continue with minimal Oxford Vision 2020 support in the future?
- o Will it be able to find local funding through government or businesses?

PUBLICATIONS, PREVIOUS STUDIES OR POPULATION DATA:

- o Have chronic diseases or risk factors been studied in the community?
- o Is there any data on the rates of chronic diseases or risk factors in the community?
- o Are there any publications that address chronic diseases or risk factors in the community?

RECEIPT AND REVIEW SCHEDULE

Letter of Intent Receipt Date: February 4, 2005

EAC Review Date: March, 2005

Protocol Development Meeting Date: May, 2005