

Wisconsin Chronic Disease Prevention Program
Grant Funding Opportunity

Implementing and Sustaining a CDC-recognized Family Healthy Weight Program (FHWP)

I. IMPORTANT DATES

February 24, 2025	Grant Funding Opportunity released
April 7, 2025	Application Materials due by 11:59 p.m.
April 28, 2025	Notification of Awards (estimated)
June 30, 2025-June 29, 2026	Period of Performance with option for additional budget periods

II. FUNDING OPPORTUNITY OVERVIEW

INTRODUCTION

The Wisconsin Department of Health Services (DHS) Chronic Disease Prevention Program (CDPP) is a recipient of a cooperative agreement to prevent, reduce, and manage diabetes (CDC-RFA-DP-23-0020) from the Centers for Disease Control and Prevention (CDC). This cooperative agreement includes a diabetes prevention strategy to implement, spread, and sustain evidence-based, family-centered childhood obesity interventions. To implement the strategies of this cooperative agreement (known as 2320), CDPP partners with a variety of organizations across the state, offering funding, technical assistance, and connections to peer support.

CDPP is issuing this Grant Funding Opportunity (GFO) to provide interested parties with information on preparing and applying for the *Implementing and Sustaining a CDC-recognized Family Healthy Weight Program (FHWP)* grant.

BACKGROUND

Childhood and adolescent overweight and obesity are a pressing public health concern in the United States, affecting over 14 million or approximately 1 in 3 children and youth aged 2-19 years. Prevalence of obesity for male and female children and youth ages 5 to 14 years has risen since 1990 and is projected to continue to rise through 2050. The same is true for adolescent and young adult male and females ages 15-24 years. According to the National Survey of Children’s Health, an estimated 18.4% of children ages 6 to 17 have obesity in Wisconsin. Among children ages 6 to 17, ages 6 to 11 had a higher rate of obesity (21.5%) compared to children ages 12 to 17 (15.7%). In 2020, over 15% of children ages 2-4 years participating in Women, Infants, and Children Program (WIC) in Wisconsin had obesity. Studies suggest the COVID-19 pandemic exacerbated excess weight gain in children, with some of the largest increases in weight gain among younger school-age children who already had excess weight or obesity.

Health disparities adversely affect certain groups of people who have been disadvantaged. In Wisconsin, some children and families are disproportionately affected by overweight and obesity, like children of color, children in families with low income, and those living in rural communities. In 2022-2023, prevalence of obesity in children ages 6-17 years in Wisconsin Non-Hispanic White was 14.4%, compared to 28.4% Non-Hispanic Asian, 29.2% Black or African American, and 28% Hispanic or Latino. In Wisconsin, data shows that childhood obesity is higher in children whose parent’s highest

level of education is a high school degree or GED (29.3%), compared to those whose parents have some college or technical education (27.4%) or a college degree or higher (11.4%). In Wisconsin, children who are uninsured or have public health insurance have higher rates of obesity (33.8%) compared to those with private or a combination of public and private insurance (12.8%). Additionally, rates of childhood obesity across zip codes in Wisconsin vary from as low as 6% up to as much as 39%.

Childhood obesity increases short- and long-term risk for adverse health outcomes later in life including increased risk for obesity in adulthood, type 2 diabetes, asthma, high blood pressure, and high cholesterol. Other possible comorbidities associated with childhood obesity include sleep apnea and polycystic ovary syndrome. In addition, obesity in childhood is associated with poor mental and emotional health, increased stress, depression, low self-esteem, and bullying.

The American Academy of Pediatrics (AAP)

<https://publications.aap.org/pediatrics/article/151/2/e2022060640/190443/Clinical-Practice-Guideline-for-the-Evaluation-and?autologincheck=redirected> and the United States Preventive Services Task Force (USPSTF) <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-children-and-adolescents-screening> recommend children with overweight (defined by Body Mass Index (BMI) \geq 85th percentile) and obesity (defined by BMI \geq 95th percentile) be provided intensive health behavior and lifestyle treatment (IHBLT); CDC-recognized FHWPs are one type of IHBLT. These programs are evidence-based, leading to improvement in BMI, existing comorbidities, and quality of life for children who participate in them. Because they are family-centered, these programs also demonstrate improvement in weight and BMI for parents and caregivers who participate with their children. CDC-recognized FHWPs offer 26 or more hours of contact time, are practice-tested in rural, urban, and low-income communities, are packaged for immediate use, and have implementation and training supports available, such as implementer/provider onboarding, facilitated interventionist on-demand and/or live training, and program materials.

Despite the proven benefits of evidence-based, family-centered childhood obesity interventions such as CDC-recognized FHWPs and high rates of childhood obesity, there are few of these programs in Wisconsin. This funding opportunity intends to assist an organization which has the capacity, ability, and willingness to plan, implement, evaluate, and sustain a CDC-recognized FHWP in their community. In addition, this funding aspires to increase participation in these FHWPs. Funding for the Implementing and Sustaining a CDC-recognized Family Healthy Weight Program (FHWP) grant comes from the CDC cooperative agreement to prevent, reduce, and manage diabetes (CDC-RFA-DP-23-0020).

The Implementing and Sustaining a CDC-recognized Family Healthy Weight Program (FHWP) grant is structured to support aspects of the 2320 cooperative agreement where its strategies and performance measures are prescribed to standardize the assessment of how activities are leading towards the desired outcomes outlined in the below logic model:

A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes

Required Strategies & Desired Outcomes	Performance Measures		
	Short-Term	Intermediate	Long-Term
Strategy 8: Implement, spread, and sustain evidence-based, family-centered childhood obesity interventions.			
<i>A. Increase access to and participation in evidence-based, family-centered childhood obesity interventions, also called Family Healthy Weight Programs (FHWP).</i>	Number of sites newly implementing CDC-recognized family healthy weight programs (FHWP) in the community.	Number of children (total # and # from priority populations) for whom the CDC-recognized family healthy weight program implementing partner received a referral.	Children: Decrease in percent of the 95 th percentile body mass index (BMI), or decrease in percent of median BMI, and improvement in pediatric quality of life. Caregivers: Decrease in BMI.

Priority populations are defined as those who have systematically experienced greater obstacles to health due to social, demographic, environmental, and other factors or characteristics.

PURPOSE

Wisconsin DHS CDPD is seeking to partner with an organization which has the capacity, ability, and willingness to plan, implement, evaluate, and sustain CDC-recognized FHWP in their community at a new site under the Implementing and Sustaining a CDC-recognized Family Healthy Weight Program (FHWP) grant. The eligible organization may apply for up to \$30,000 and will work to increase access to and participation in a CDC-recognized FHWP. A list of these evidence-based and practice-tested CDC-recognized family-centered childhood obesity interventions is available at: <https://www.cdc.gov/family-healthy-weight/php/recognized-programs/index.html>.

SCOPE OF WORK

Implementation of a FHWP in your community can be accomplished over 12-24 months in 5 phases: exploration, preparation, planning, implementation, and evaluation and sustainment. The anticipated scope of work includes, but is not limited to, the following activities within each of these phases.

Exploration Phase (2-3 months)

- Review or assess landscape of adult and childhood obesity in your community.
- Review your Community Health Assessment or Community Health Improvement Plan; does implementation of a CDC-recognized FHWP align with identified needs of your community?
- Identify priority populations in your community to be served by a FHWP.
- Identify multisector partners that will support the planning, preparation, implementation, and sustainment of the FHWP or serve as the FHWP implementing partner (program champion, leadership, community-based organizations, early care and education, schools, health care systems, clinics, and local, tribal, or state health departments).

Implementing and Sustaining a CDC-recognized Family Healthy Weight Program (FHWP)

Preparation Phase (2-3 months)

- Convene and conduct focus groups or community conversations with members of priority population(s) and multisector partners on a regular basis.
- Establish and build a relationship with a patient medical home(s) or clinic(s) that serves children, youth, and their families.
- Collaborate with established patient medical home(s) or clinic(s) that serves children, youth, and their families.
- Identify and establish a program champion who will support and advocate for the FHWP.
- Identify and reach out to local funding sources such as foundations and philanthropic organizations to assess their interest in supporting a FHWP in your community.
- Educate and inform the priority population, community members, and multisector partners about childhood obesity and FHWPs.
- Determine a FHWP implementing partner.
- Form a FHWP project team to focus on planning, implementation, and sustainment of the FHWP and work collaboratively with them.
- Contract with DHS CDPP by submitting work plan and budget.

Planning Phase (6 months)

- Research and learn about CDC-recognized FHWPs with FHWP project team.
- Meet regularly with the FHWP project team to plan and prepare for, implement, and make plans to sustain program.
- Procure a CDC-recognized FHWP.
- Attend training provided by procured FHWP or support the FHWP implementer in attending FHWP required training.
- Collaborate and work with FHWP project team to write an implementation plan.
- Anticipate challenges throughout the preparation, planning, and implementation phases and develop strategies to overcome them.

Implementation Phase (12 months)

- Execute implementation plan. If your organization is the implementer, begin first cohort with at least 10 participants and their parent(s) or caregiver(s), or support the implementing organization as they begin a cohort with at least 10 participants and their parent(s) or caregiver(s).
- Participate in rapid reflections and brief process improvements including successes and challenges with FHWP project team and implementing organization.
- Develop plans to overcome challenges with support from project team and CDPP.
- Continue to meet with multisector partners, priority population, and community members that initially convened to review progress, successes, and overcome challenges.

Evaluation and Sustainment Phase (Ongoing)

- Identify funding sources and financial support resources for future cohorts and to sustain program.
- Develop a written sustainability plan including program successes, challenges, and strategies used to overcome them.
- Use sustainability plan to write a presentation to promote FHWP with financial support resources and community partners.
- Meet with financial support resources to promote sustainability of the FHWP.

Implementing and Sustaining a CDC-recognized Family Healthy Weight Program (FHWP)

- Participate in available childhood obesity and FHWP learning collaboratives.
- Communicate and work closely with CDPP.
- Collect and report CDC-required and evaluation-related deliverables, including but not limited to:
 - Number of sites newly implementing CDC-recognized family healthy weight programs (FHWP) in the community
 - Number of children (total # and # from priority populations) for whom the CDC-recognized family healthy weight program implementing partner received a referral
 - Children: Decrease in percent of the 95th percentile body mass index (BMI), or decrease in percent of median BMI, and improvement in pediatric quality of life
 - Caregivers: Decrease in BMI

III. ELIGIBILITY

APPLICANT QUALIFICATIONS

Eligible applicants should:

- Have sufficient staff and capacity to implement or support an organization that can implement a CDC-recognized FHWP within CDPP-identified high-need communities and priority populations in Wisconsin.
- Identify and regularly convene community members to be served by a FHWP and other community partners interested in supporting the planning, implementation, and sustainment of a FHWP in the community.
- Have a linkage or relationship with a patient medical home or clinic or can develop a linkage or relationship with a patient medical home or clinic within one month of grant start.
- Be able to offer or partner with an implementing organization to offer a CDC-recognized FHWP at a new site.
- Have experience working with children or youth and their families.
- Be willing to communicate and work closely with CDPP.
- Have the ability to collect and report data including but not limited to the number of new FHWPs established, number of children (total # and # from priority populations) for whom the CDC-recognized FHWP implementing partner received a referral, and for Children: Decrease in percent of the 95th percentile body mass index (BMI), or decrease in percent of median BMI, and improvement in pediatric quality of life; for Caregivers: Decrease in BMI.
- Be able to accept federal funding and be able to enter into an agreement with one of the CDC-recognized FHWP providers.
- Preference will be given to applicants based in or providing services in one of the CDPP-identified high-need counties: Adams, Ashland, Brown, Clark, Fond du lac, Forest, Grant, Green Lake, Jackson, Juneau, Marinette, Menominee, Milwaukee, Monroe, Racine, Richland, Rock, Rusk, Sawyer, Shawano, Trempealeau, Walworth, Waushara, and Winnebago. If not in one of these counties, ability to demonstrate need for FHWP in your community is required.

IV. FUNDING INFORMATION

FUNDING AVAILABILITY

Funding for the Implementing and Sustaining a CDC-recognized Family Healthy Weight Program (FHWP) grant comes from the CDC cooperative agreement to prevent, reduce, and manage diabetes,

CDC-RFA-DP23-0020, known as 2320. The eligible organization may apply for up to \$30,000 and will work to increase access to and participation in a CDC-recognized FHWP.

This is a scored grant funding opportunity application survey. Submission does not guarantee funding within this opportunity. This allows DHS to assess capacity of interested parties to ultimately partner with to conduct the work outlined in the scope of work. DHS reserves the right not to award funding to any applicant, DHS reserves the right to award more than one applicant, and DHS may award additional funding if more funding becomes available. DHS also reserves the right to award grants for less than an applicant's proposed amount. Should additional funding become available at any point during the grant period, DHS reserves the right to use the results of this application to increase funding to the selected applicants or fund additional applicants that submitted an application but were not selected.

Moreover, DHS reserves the right to negotiate with the successful applicant(s) separate cost reimbursement for additional work that is related to other state or federal initiatives.

Funding for this budget period and for subsequent years or budget periods may be awarded based on performance and availability of funding.

USE OF FUNDING

Funding may be used for procuring CDC-recognized FHWP, staff planning, preparation and implementation time, fringe benefits, travel related to the project, data collection, analysis and reporting activities and other project related costs.

Selected applicants will be required to use Grant Enrollment, Application and Reporting System (GEARS). Selected applicants will report costs incurred on expenditure reporting forms and submit the forms to the GEARS Unit monthly. Additional expenditure information will also be submitted to Wisconsin Chronic Disease Prevention Program staff. Awarded grantee(s) will need a STAR Supplier identification number and GEARS Agency number.

Applicants selected for award will need to agree to direct deposit payments and agree to the terms in the Department of Health Services' grant agreement. A draft copy of a grant agreement can be provided upon request.

DHS uses a cost-based reimbursement model that limits reimbursement to actual allowable incurred costs. If funding is awarded, expenses can be submitted for reimbursement only after they have been incurred.

Recommended indirect rate, if applicable, should be $\leq 15\%$.

Allowable Costs and Activities (not inclusive list)
Grant recipients will be required to comply with the Department of Health Services Allowable Cost Policy Manual: https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm
Staff time to coordinate and implement the project
Meeting expenses related to the project (meeting room, AV equipment, travel, speakers, etc.)
Public health evaluation
Office supplies, postage, copying, etc. related to the project

Consultant and contract services needed to implement the project
Unallowable Costs and Activities
Direct or indirect lobbying activities
Clinical care such as health screening, patient care, personal health services, medications, patient rehabilitation, and other costs associated with treatment and direct care
Costs or activities not directly related to the overall project description and scope of work
Research
Construction
Capital expenditures and capital equipment. Capital equipment costs are defined as all costs associated with the acquisition of assets having a value in excess of \$5,000, and a useful life in excess of one year.
Projects outside of Wisconsin

UNIQUE IDENTITY IDENTIFIER (UEI)

Applicants must have, or obtain prior to grant agreement execution, an UEI and must not be disbarred, suspended, or ineligible. The UEI is a 12-character alphanumeric ID that is issued through [SAM.gov](https://sam.gov). You can go to SAM.gov and [search](#) to see if your organization already has a UEI. If it does not have one, you can request one by following the prompts at SAM.gov. It is free and usually takes a day or two to receive the number. Please note that you do not have to go through the full registration process, which takes longer. If you do need to obtain an UEI, please review [Before You Get Started](#) for more information. The video [Get a Unique Entity ID - YouTube](#) is also helpful. If additional help is needed, visit the Federal Service Desk at [FSD.gov](https://fso.dhs.gov).

V. APPLICATION REQUIREMENTS

APPLICATION SUBMISSION

- **Complete the grant application by 11:59 p.m. on April 7, 2025.**
- Access the grant application via Alchemer at <https://survey.alchemer.com/s3/8185144/WI-CDPP-GFO-Implementing-and-Sustaining-a-CDC-recognized-Family-Healthy-Weight-Program-FHWP>. Only applications submitted through this link will be considered.
- **Work Plan:** Develop activities to plan, implement, and sustain a FHWP. See Application Question #16 for work plan template and further details.
- **Budget and Justification:** Provide a detailed outline of how the funds will be used per budget category. See Application Question #17 for budget template and further details.
- If the applicant does not provide the information necessary to meet the Application Requirements, DHS reserves the right to remove the application from further consideration.

APPLICATION TIPS

- Depending on your experience and interest, the time it takes to complete the application will vary. Therefore, we recommend you work "offline" until you are ready to complete the application in Alchemer in full. You may use the Application Questions section below to work "offline" and prepare your application.
- Use the navigation buttons at the bottom of the page instead of your internet browser's navigation.
- You will not be able to navigate to any previous responses once "Submit" is selected on the last

page.

- Complete this application in one sitting. You will not be able to return to your earlier responses.
- All questions are mandatory for completion.

APPLICATION QUESTIONS *Note: These are the application questions you will complete in [Alchemer](#). You may use this section to work “offline” and prepare before submitting your application in full using Alchemer.

1. Name of lead organization applying.
2. Contact information for who will serve as the primary point of contact for communication regarding this application.
 - First Name
 - Last Name
 - Title
 - Street Address
 - City
 - State
 - ZIP Code
 - Email
 - Phone
3. Organization website (if applicable)

Exploration Phase: Population

4. Describe the population your organization serves and how it aligns with the goals of this program. Please include quantitative and/or qualitative data to help describe your community (e.g., geographical reach such as name of county or counties served, total population, demographics, etc.). Include any data sources you are using to determine the population who will be served by a FHWP. (Maximum word count: 500)
5. Detail any areas of need in your community related to chronic disease and health disparities, especially obesity. Highlight characteristics and populations where needs or gaps have been identified in your Community Health Assessment or Community Health Improvement Plan. Describe how implementing or supporting the implementation of a FHWP aligns with your Community Health Assessment or Community Health Improvement Plan and how your community will benefit from a FHWP. (Maximum word count: 500)

Exploration Phase: Partnerships

6. List all established partnerships you have that can be leveraged to support implementation of a FHWP in your community including community-based organizations, early care and education, schools and universities, local, tribal, or state health departments, and health care organizations. (Maximum word count: 250)
7. If you have an established linkage or relationship with patient medical homes or clinics that work with children, youth, and their families, share the names of those medical home and clinic partners. If you do not have an established linkage or relationship with a patient medical home or clinic that works with children, youth, and their families, describe how you will approach

establishing, building and sustaining these relationships. (Maximum word count: 250)

8. Identify other partnerships that you will need to establish to support successful implementation of a FHWP and share how you will build and nurture these partnerships. (Maximum word count: 250)

Preparation, Planning, and Implementation Phases

9. Describe how you will identify and engage a program champion that will support the planning, implementation, and evaluation of a FHWP in your community. Identify who your program champion might be. (Maximum word count: 250)
10. Share how you will engage and include members of the priority population to be served in the preparation, planning and implementation process. (Maximum word count: 250)
11. List local funding sources like foundations and philanthropic organizations that will support a FHWP in your community. (Maximum word count: 250)
12. Identify referral sources and how you will promote this program to these referral sources. (Maximum word count: 250)
13. Share who could implement the FHWP in your community. (Maximum word count: 250)
14. Explain how you will approach forming a FHWP project team and developing an implementation plan. Share any challenges you anticipate having in the preparation, planning, and implementation phases and how you may overcome them. (Maximum word count: 500)

Evaluation and Sustainment Phase

15. Describe how you will approach obtaining funding from local funding sources for delivery of the current FHWP to complement CDPP funding and how you will approach obtaining funding from local funding sources for future delivery of the program when CDPP funding is no longer available. (Maximum word count: 500)
16. **Work Plan:** Using the template provided, develop activities to plan, implement, and sustain a FHWP in your community for the period June 30, 2025 – June 29, 2026. [Click here to automatically download the Work Plan Template](#) in its ready-to-use .docx format. You will attach your completed work plan template in Alchemer. Follow the file naming convention: Applicant name_Work Plan_FHWP.
17. **Budget and Justification:** Complete the budget template for the period June 30, 2025 – June 29, 2026. [Click here to automatically download the Budget Template](#) in its ready-to-use .xlsx format. Please check your internet browser's or computer's downloads. You will attach your completed budget template in Alchemer. Follow the file naming convention: Applicant Name_Budget_FHWP.

QUESTIONS

If you have any questions, please email the CDPP team at:

DHSChronicDiseasePrevention@dhs.wisconsin.gov with “FHWP GFO” in the subject title.

VI. APPLICATION SCORING

Applications are reviewed by an evaluation committee and scored against defined criteria.

Application Section Scoring	Maximum Points
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Implementing and Sustaining a CDC-recognized Family Healthy Weight Program (FHWP)

A. Exploration Phase: Population (maximum 20 points) and Partnerships (maximum 30 points)	50
B. Preparing, Planning, and Implementation of a Program (maximum 50 points)	50
C. Evaluation and Sustainment (maximum 50 points)	50
D. Work Plan (maximum 25 points)	25
E. Budget and Justification (maximum 25 points)	25
Maximum Total Points:	200

VII. NOTIFICATION OF AWARD

The Chronic Disease Prevention Program anticipates the date of notification of awards will be **April 28, 2025** or shortly after this date. For applicants who are awarded, the period of performance is from **June 30, 2025-June 29, 2026**. Applicants not chosen for funding will be notified accordingly. Depending on available funding and acceptable performance, additional years of funding may be awarded to extend grant activities.

VIII. POST AWARD MONITORING AND REPORTING

DHS CDPP staff will monitor progress and provide technical assistance during the grant period. Written monthly reports and monthly check-in meetings will be required during the grant period to assist CDPP in reporting detailed progress to CDC. Applicants are also required to evaluate activities and participate, contribute, and inform the DHS CDPP annual evaluation and performance measurement plan. To assist in meeting these requirements, award recipients will need to monitor and report barriers, facilitators, and lessons learned.

IX. GLOSSARY

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the period of performance.

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The evaluation plan is used to describe how DHS CDPP and/or CDC will determine whether activities are implemented appropriately, and outcomes are achieved.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, and reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Priority Populations: Those who have systematically experienced greater obstacles to health due to social, demographic, environmental, and other factors or characteristics.

Program Champion: An individual that can help promote and support all aspects of a program, including implementation and evaluation.

Social Determinants of Health: The conditions in which people are born, grow, work, live, and age (i.e., nonmedical factors), and the wider set of forces and systems shaping the conditions of daily life (i.e., economic or policies and systems, development agendas, social norms, etc.).

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation provided by the funding agency.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

X. RESOURCES AND CITATIONS

A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes Component A– Recipients. https://www.cdc.gov/diabetes-state-local/php/funding/cdc-rfa-dp-23-0020-recipients.html?CDC_AAref_Val=https://www.cdc.gov/diabetes/funding-opportunity/cdc-rfa-dp-23-0020-recipients.html

American Academy of Pediatrics Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity, Accessed October 2024. Available online at: <https://publications.aap.org/pediatrics/article/151/2/e2022060640/190443/Clinical-Practice-Guideline-for-the-Evaluation-and?autologincheck=redirected>

GBD 2021 US Obesity Forecasting Collaborators. National-level and state-level prevalence of overweight and obesity among children, adolescents, and adults in the USA, 1990–2021 and forecasts up to 2050. Accessed November 2024. Available online at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01548-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01548-4/fulltext)

Health Resources and Services Administration Maternal and Child Health National Survey of Children’s Health. Available online at: <https://mchb.hrsa.gov/data-research/national-survey-childrens-health>

Robert Wood Johnson Foundation. State of Childhood Obesity. Accessed October 2024, <https://stateofchildhoodobesity.org/state-data/?state=WI>

Lange, et al. 2021. Longitudinal Trends in Body Mass Index Before and During the COVID-19 Pandemic Among Persons Aged 2-19 Years-United States, 2018-2020. *MMWR Weekly*: 70 (37); 1278-1283.

Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System. Accessed October 2024, <https://www.cdc.gov/yrbs/results/index.html>

Centers for Disease Control and Prevention CDC-Recognized Family Healthy Weight Programs <https://www.cdc.gov/family-healthy-weight/php/recognized-programs/index.html>

Centers for Disease Control and Prevention. “Prevent Type 2 Diabetes in Kids.” Accessed October 2024. Available online at: https://www.cdc.gov/diabetes/prevention-type-2/type-2-diabetes-in-kids.html?CDC_AAref_Val=https://www.cdc.gov/diabetes/prevent-type-2/type-2-kids.html

University of Wisconsin-Madison. Wisconsin Health Atlas. Accessed October 2024, <https://www.wihealthatlas.org/obesity/findings>

United States Preventive Services Task Force Final Recommendation Statement
High Body Mass Index in Children and Adolescents: Interventions. Available online at:
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-children-and-adolescents-screening>

WCHQ 2020 Health Disparities Report: Rural and Urban Populations. -https://assets-global.website-files.com/5fea47d5c2e5718418079339/60d34ec43d2afb2a29b20765_2020%20Rural%20Urban%20Disparities%20Report_FINAL.pdf

Wisconsin Department of Health Services. Wisconsin Diabetes Action Plan Report to the State Legislature P-03154 (04/2024) <https://www.dhs.wisconsin.gov/diabetes/action-plan.htm>