

## **Informational Conference Call for CDC-RFA-DP21-2106: Advancing Arthritis Public Health Priorities through National Organizations**

Tuesday, February 2, 2021 from 2:00 p.m. – 2:30 p.m. EST.

### **Agenda:**

Introductions	Michele Mercier
Welcoming Remarks	Janet Croft
General Overview of the NOFO	Anika Foster
Performance Measures	Anika Foster
Application Content Highlights	Michele Mercier
Budget Narrative	Thelma Jackson
Questions and Answers	Open (moderated by Erica Odom)
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### **Introductions, Agenda Overview [Michele Mercier]**

Good afternoon. You are joining the Information Conference Call for DP21-2106 *Advancing Arthritis Public Health Priorities through National Organizations* Notice of Funding Opportunity, (NOFO).

Before we get started, I ask that you please mute your phones. If you do not have a mute button, you may use \*6 to mute and unmute yourself. Please do not place your phone on hold at any time during the call. If necessary, hang up and call back in, so that we can avoid any phone line interruptions. Thank you.

My name is Michele Mercier. I serve as a project officer for the CDC Arthritis Program and will be your main contact for questions you may have regarding this NOFO and the application process. My contact information is provided in the NOFO. Should you have any questions that do not get addressed on this call you can send them to me via email at [ArthritisDP21-2106@cdc.gov](mailto:ArthritisDP21-2106@cdc.gov). Email is the preferred means of contacting me. The script for this call will be posted on the CDC Arthritis website within the next couple of days. The website link to NOFO-specific information is provided in the NOFO itself under the Conference Call information section on page 2 of 58 (<https://www.cdc.gov/arthritis/funded/nofo/cdc-rfa-dp21-2106.html>). Questions and answers will also be posted on this webpage under the FAQ section. The FAQs will be routinely updated throughout the application process. Please check the FAQ section to see if your question may have already been answered before submitting it.

Today's call will provide a high-level overview of the NOFO, including an outline of strategies, activities and performance measures. In addition, we will note some important considerations regarding organizational capacity when deciding whether to apply. A representative from our Office of Financial Resources will go over basic budget guidance and submission information, followed by an opportunity for questions and answers at the end of the call. You will hear from the following:

- Janet Croft, Chief of the Healthy Aging Branch (proposed) in the Division of Population Health

- Michele Mercier, and Anika Foster, Arthritis Program Project Officers with the Healthy Aging Branch (proposed) and co-authors of this NOFO
- Erica Odom, Healthy Aging Branch (proposed) Team Lead for Arthritis Prevention, Partnerships, and Communication Team, and
- Thelma Jackson, Grants Management Specialist with CDC’s Office of Financial Resources

As previously mentioned, we will have time for questions and answers at the end of the call. Please hold your questions until that time. I am now going to turn it over to **Dr. Janet Croft, Healthy Aging Branch Chief**.

**Welcoming Remarks [Janet Croft]**

Welcome to all who have joined the call to learn about the new funding opportunity DP21-2106: *Advancing Arthritis Public Health Priorities through National Organizations*.

This 5-year **open competition** funding opportunity **is being issued by** the Department of Health and Human Services (DHHS), **Centers for Disease Control and Prevention (CDC), Healthy Aging Branch (proposed) (henceforth to be referred to as “HAB”)** to support organizations implementing national efforts to advance arthritis public health priorities to improve the quality of life for all adults with arthritis, including those experiencing health disparities, through:

- the widespread expansion of arthritis-appropriate evidence-based interventions (AAEBI);
- the provision of tailored arthritis consumer health information;
- the facilitation of coordinated public health action to address osteoarthritis and other forms of arthritis;
- the provision of technical assistance to state arthritis programs; and
- the development of a viable approach for healthcare providers to conduct evidence-informed patient assessments, counsel on the benefits of physical activity, and make referrals to arthritis-appropriate physical activity and self-management education programs.

Collectively, these strategies and activities will improve arthritis self-management behaviors, decrease physical inactivity, reduce pain, improve function and limit arthritis progression among adults with arthritis.

This five-year funding opportunity has two Components. Applicants can apply for one or both. We anticipate funding **5-7 awards for Component 1**; and **1 award for Component 2**. More details to follow during the call.

Michele and Anika will now go through each of the Components in more detail, highlight key information about the NOFO, and give you an opportunity to ask questions at the end of the call. Again, welcome and thank you for your interest.

## **General Overview of NOFO [Anika Foster]**

As Janet mentioned, the NOFO consists of two Components. **Component 1** is focused on ***Building Capacity & Scaling Up*** non-research efforts to address arthritis among US adults. *For Component 1, applicants may apply for only one strategy from the following four strategic approach options:*

- Strategy A leverages networks with national reach and/or access into large segments of the adult population, to increase access to and availability of arthritis-appropriate evidence-based interventions, or AAEBIs. Applicants must develop a plan to strategically reach at least 50,000 people in 25 states over the project period. **One to two awards of \$300-\$500K** will be supported annually.
- Strategy B expands provision of tailored consumer arthritis information and arthritis-appropriate referrals through a national Arthritis Helpline. The Helpline will receive and respond to both telephone and web-based consumer requests for arthritis-specific health-related information and services. **One award of \$150-\$250K** will be supported annually.
- Strategy C facilitates partnerships and coordinates activities to address national osteoarthritis public health priorities. The award recipient will be required to maintain and facilitate an active alliance of organizations committed to addressing osteoarthritis from a public health perspective. **One award of \$400-\$500K** will be supported annually.
- And lastly, Strategy D centers on the provision of technical assistance to enhance the capacity of states to effectively address arthritis. Applicants are expected to provide various types of technical assistance to both unfunded states and CDC funded states and partners. **One award of \$200-\$300K** will be supported annually.

**Component 2 supports innovative efforts** to enhance healthcare provider awareness, knowledge and skills to promote physical activity as an effective, drug-free way to relieve arthritis pain, improve function, and limit arthritis progression among adults with arthritis. To that end, applicants are to develop an evidence-informed approach for healthcare providers that incorporates conducting function, pain and physical activity assessments; counseling on the benefits of physical activity to reduce arthritis pain and improve symptom management; and making referrals to AAEBIs and other appropriate physical activity opportunities. This approach is to be implemented and evaluated in at least one large health system setting. **One award of \$300-\$500K** will be supported annually.

Both Component 1 and Component 2 applicants are expected to have experience serving or working with the corresponding populations/organizations (e.g., U.S. adults, adults from communities experiencing health disparities, organizations addressing arthritis, state arthritis programs, and healthcare providers treating patients with arthritis.) and must demonstrate ability to attain NOFO goals and outcomes. Pages 21-23 of the NOFO under the Organizational Capacity of Recipients to Implement the Approach specifically describe expectations of applicants' capacity to carry out work for this NOFO. Pay attention to the required documentation for this section as it will be taken under consideration in the Review and Selection process starting on page 40.

Now we will turn to the **Performance Measures** associated with this NOFO.

## **Performance Measures**

CDC requires that applicants develop and submit a performance monitoring plan to track progress made on implementing workplan activities and towards performance measure targets. CDC's strategy for evaluation and performance measurement is based on the logic model included in the NOFO (found on pages 6-8). Carefully review pages 18-21 of the NOFO to understand how you are to prepare your evaluation and performance measurement plan. Each Component has its own respective short and intermediate outcomes, and period of performance outcome measures. Recipients will be expected to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award.

The sample work plan found on pages 23-24 includes outcome measures, performance targets and activities. A strong workplan will include milestones to track progress on activity implementation and performance target attainment. Examples of milestones can be found in the FAQ section of the NOFO web page (see CDC arthritis homepage [www.cdc.gov/arthritis](http://www.cdc.gov/arthritis), and click on the banner linking to the NOFO-specific webpages). Awardees will have an opportunity to make work plan modifications in the first 6 months with their assigned project officer.

## **Other Important Highlights [Michele Mercier]**

I'd like to draw your attention to some additional important items.

First, note that all applicants are expected to engage **underserved** adult populations to address **health disparities among adults with arthritis**. Applicants are expected to also engage partners, if/as needed, who serve those experiencing a disproportionate burden of arthritis.

Secondly, this is a full and open competition NOFO. Eligibility categories are found on pages 26-28. That said, potential applicants should **carefully review the NOFO requirements and expectations** and consider their organizational capacity to implement the activities and ability to achieve the outcomes identified in the logic model (pps. 6-8) when making a decision about whether to apply. Each application will be independently reviewed and scored by an objective review panel against the criteria specified in the NOFO, then ranked by score. The review criteria denote the specific impacts that awardees are expected to achieve. Note: there are certain exceptions CDC may invoke to justify funding out of order; these can be found under c. Phase III Review on pages 45-46.

Other NOFO requirements and considerations to consider include cost sharing and letters of support. There is *not* a cost sharing or matching requirement for the NOFO. **However**, Component 2 applicants are encouraged to contribute, from non-federal sources, a monetary or in-kind amount equal to 10% of the requested amount (see pages 3, 28). This can be reflected in the narrative and the budget. Component 2 applicants should also include a minimum of 3 letters of support from key partners (see pages 17-18, 22-23 for details).

And last but not least, is the Letter of Intent, or LOI. Though not required, *an LOI is strongly encouraged* for all potential applicants. Letters of Intent give CDC an estimate of the number of applications to expect and help us determine the number of reviewers needed for the objective review panel and plan accordingly. All LOIs are requested by (or preferably before) **March 12, 2021**. Please include the suggested information described on page 32 of the NOFO. In particular, be sure to indicate the Component being applied for—Component 1 or 2, or both. If applying for Component 1, also

identify Strategy A, B, C or D. *If applying for both components, applicants must submit a separate application.*"

And, now I will turn it over to **Thelma Jackson, Grants Management Specialist**, to review key application and submission requirements, along with budget information.

### **Grants Management Specialist, Budget Narrative [Thelma Jackson]**

The Budget Period or Budget Year refers to the duration of each individual funding period within the five-year project period. For this NOFO, budget periods are 12 months long.

This NOFO is for **non-research activities**. The total project period length will be five years, beginning in 2021 and ending in 2026. It is estimated that 6-8 awards will be funded for a combined total of \$10,185,595 over the course of the project period. Funding is subject to availability. The average awards will vary widely. **Applicants are requested to submit a budget within the range noted for each Component and corresponding strategy.** You may have noticed that the NOFO mentions an award ceiling of \$1,000,000. CDC does **not** currently have funding available to support individual awards at this level; however, having this ceiling allows for the possibility of increasing award amounts at a future date, or funding additional applicants, should the Arthritis Program receive an increase in funding.

Throughout the project period, CDC will continue to award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award".

Applicants must submit an itemized budget narrative and justification as part of the application. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategies outlined in the projective narrative. The budget must include salaries, fringe benefits, consultant costs, supplies, travel, other categories, contractual costs, total direct costs, and total indirect costs.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: <https://www.cdc.gov/grants/applying/application-resources.html>. This website also gives you other useful information for applying for a NOFO. I strongly encourage you to visit this website. Should you have questions about the grant or budget process please direct them to Michele Mercier at [ArthritisDP21-2106@cdc.gov](mailto:ArthritisDP21-2106@cdc.gov) during the application process.

Please remember that an organization must obtain three registrations before it can submit an application for funding at [www.grants.gov](http://www.grants.gov).

**The first necessary registration is the Data Universal Numbering System, or DUNS:** All applicant organizations must obtain a DUNS number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 or Internet at <http://fedgov.dnb.com/webform>.

The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

**The second registration is the System for Award Management, or SAM:** The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at [www.SAM.gov](http://www.SAM.gov).

**The third registration, Grants.gov:** Once you have a DUNS number and an active SAM account, you are ready to register your organization at [www.grants.gov](http://www.grants.gov), the official HHS E-grant website. The first step in submitting an application online is having access to Grants.gov. Registration information is located at the “Get Registered” option at [www.grants.gov](http://www.grants.gov). All applicant organizations must register at [www.grants.gov](http://www.grants.gov). The one-time registration process usually takes not more than five days to complete. It’s recommended that applicants start the registration process as early as possible.

These websites can be found on pages 28-29 of the NOFO. You will want to register well in advance to ensure you have everything in place to submit an application by the April 5, 2021 deadline. If the application is not submitted by the deadline published in the NOFO, it will not be processed.

Unsuccessful applicants will receive notification by mail. Successful applicants will receive a **notice of award by Sept 15, 2021**, with an **anticipated project start date of Sept 30, 2021**.

I will now turn it over to **Erica Odom, Team Lead for the Arthritis Program and Communication Team** for questions.

### **Question and Answer Session [Erica Odom]**

We will now open it up for questions that you may have. Before we open the line for questions, please be sure that your phones are muted unless you are asking a question. To unmute your line, press the unmute button or \*6. Also, I’d like to remind you to not place your phone on hold during the call. If necessary, hang up and call back in so that we can avoid any interruptions to the phone lines.

We do not have a moderated line, so please go ahead and share your question if you have one.

Again, questions and answers from this call will be posted publicly on the NOFO webpages of the CDC arthritis site.

- 1. What is the vision of NOFO Component 1 in lieu of transition from in-person programs to remotely delivered programs? Do you anticipate that any of the AAEBIs for Component 1 will have a continued telehealth focus over the project period?*



Remote delivery methods, including telehealth and other methods, are currently being used and evaluated as alternate delivery methods for Arthritis Appropriate Evidence-Based Interventions (AAEBIs) originally designed for in-person delivery. Applicants may elect to offer these or other interventions recognized as AAEBIs remotely using technologies or methods approved by the intervention developers. Additionally, applicants should consider offering interventions originally designed and proven effective for remote delivery such as Better Choices, Better Health® (BCBH), the internet-based version of the Chronic Disease Self-Management Program (CDSMP), BCBH for Arthritis, the Tool Kit for Active Living with Chronic Conditions (mailed CDSMP), or Walk With Ease Self-Directed. Further, CDC expects that the menu of AAEBI options will grow over time and, pending sufficient evidence, may include new options for evidence-based programs that can be delivered remotely in association with this NOFO.

2. *Page 14 mentions that Component 2 recipients are required to pilot the healthcare provider approach in at least 1 large health system. There is no definition in the NOFO of a “large health system.” Can you provide additional information on how CDC defines large health systems?*

A large health system should have a metropolitan, regional, state-wide and/or national reach that serves a high percentage of Medicare/Medicaid eligible patients/clients and/or veterans with arthritis. The health system may include Health Management Organizations, Veterans Administration Hospitals, Federally Qualified Health Centers, and other large healthcare practices. A health system that uses a nationally available medical record systems such as Epic, Cerner, Allscripts, etc. would be advantageous for a pilot.

Note, if you refer to **Approach** under the **Review and Selection Process**—the corresponding rating criteria is “the extent to which the applicant describes a feasible plan to pilot the approach with a large health system that serves a high percentage of Medicare/Medicaid eligible patients/clients or veterans” (p.42). The point allocation is 5 points (out of 100 total).

As mentioned previously, if you have questions after this call, please e-mail them to [ArthritisDP21-2106@cdc.gov](mailto:ArthritisDP21-2106@cdc.gov).

### **Closing Remarks and Reminders [Erica Odom]**

Reminder to check back regularly for any updates or notifications related to the NOFO at the grants.gov website (<https://www.grants.gov/web/grants/view-opportunity.html?oppId=328396>) or click on the DP21-2106 banner at [www.cdc.gov/arthritis](http://www.cdc.gov/arthritis). We also recommend that you sign up for amendment notifications for this NOFO on grants.gov to ensure you do not miss any important updates/revisions.

NOTE: due to amendments, NOFO page numbers referenced during this call are subject to change.

On behalf of CDC’s Healthy Aging Branch (proposed), and the Arthritis Program, we are looking forward to supporting this important NOFO.

### **Important Dates**

- Letter of Intent Due Date: March 12, 2021
- Application Due Date: April 05, 2021
- Anticipated Award Notification Date: September 15, 2021
- Anticipated Award Start Date: September 30, 2021