

## Informational Conference Call for CDC-RFA-DP-23-0001: State Public Health Approaches to Addressing Arthritis

Tuesday, January 24, 2023 from 1:00 p.m. – 2:00 p.m. EST.

### Agenda:

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### Introductions, Agenda Overview [Erica Odom]

Good afternoon. You are joining the Information Conference Call for the DP-23-0001 *State Public Health Approaches to Addressing Arthritis* Notice of Funding Opportunity, (NOFO).

My name is Erica Odom. I serve as the Team Lead for the CDC Arthritis Program. Today you will hear from several of us about the state arthritis NOFO. Should you have any questions that do not get addressed on this call you can submit them via email at [CDC-RFA-DP-23-0001@cdc.gov](mailto:CDC-RFA-DP-23-0001@cdc.gov). Email is the preferred means of contact for questions; and details about how to submit them, including the email address I just mentioned, are referenced in the NOFO. 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 63 (<https://www.cdc.gov/arthritis/funded/nofo/cdc-rfa-dp-23-0001.html>). You can also access it by visiting [www.cdc.gov/arthritis](http://www.cdc.gov/arthritis) and clicking on the NOFO banner at the top of the web page. 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:

- Puja Seth, Chief of the Healthy Aging Branch in the Division of Population Health
- Cheryl Schott, Evaluation Contractor for the Arthritis Program within the Healthy Aging Branch
- Anamika Rajguru, Arthritis Program Project Officer with the Healthy Aging Branch

- Latoya Donaldson, Grants Management Specialist with CDC’s Office of Grant Services

As previously mentioned, we will have time for questions and answers at the end of the call. Please hold your questions until that time. Also, you can enter them into the chat. Our preference is that you ask questions via email, or second to that, via the chat so we can easily note them. We will do our best to answer as many questions as we can during the call today. Those questions that are not answered during the call will be answered and posted on the FAQ section after the call along with the script. In fact, we will post all questions and answers received during the call, on the website after the call, whether they are answered on the call or not.

**I am now going to turn it over to Dr. Puja Seth, Healthy Aging Branch Chief for opening remarks.**

### **Welcoming Remarks [Puja Seth]**

Welcome to all who have joined the call to learn about the new funding opportunity DP-23-0001: *State Public Health Approaches to Addressing Arthritis*.

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 (hereafter referred to as “HAB”) to support statewide dissemination of arthritis-appropriate, evidence-based interventions (AAEBIs) and referral pathways to:

- increase AAEBI access and enrollment,
- increase provider physical activity counseling for arthritis management,
- reduce health disparities,
- and reduce inactivity among adults with arthritis.

Through this NOFO, AAEBIs and physical activity assessment and counseling will be available and accessible to people with arthritis including those who are disproportionately affected by arthritis, such as those from high burden and underserved populations and communities.

This five-year funding opportunity has two Components. Applicants can apply for either, but not both. We anticipate funding **6 to 10 awards for Component A**; and **5 to 7 awards for Component B**. The average award is expected to be \$300,000. Average awards are expected to be slightly lower for Component A awardees and higher for Component B. More details to follow during the call.

Erica and Anamika will now go through each of the Components in more detail, highlight key information about the NOFO, and you will have an opportunity to ask questions at the end of the call. Again, welcome and thank you for your interest. **Now I will turn it over to Erica, to discuss Component A.**

## General Overview of NOFO [Erica Odom- Component A, and Anamika Rajguru- Component B]

As Puja mentioned, the NOFO consists of two Components, A and B.

**Component A** is focused on Capacity Building related to AAEBI dissemination and raising awareness about physical activity counseling for arthritis management among healthcare providers. Component A eligibility is open only to applicants who are not currently funded by CDC-RFA-DP21-2106 or CDC-RFA-DP18-1803 national and state arthritis cooperative agreements. This eligibility limitation was added in order to increase national capacity and geographic diversity of arthritis activities and impacts. There are 2 Strategies within Component A.

- **Strategy 1** is to establish statewide capacity and infrastructure to sustainably disseminate AAEBIs, maintain their availability, and implement strategies to sustain access to and delivery of selected AAEBIs. It is expected that the recipient will have enrolled a minimum of either 7,500 adults or 1% of the total number of adults with arthritis in the state with AAEBIs by the end of the 5-year period of performance. To address this strategy, recipients must implement the following four activities:

Activity 1 is to disseminate at least TWO AAEBIs statewide from the list of recognized AAEBIs found on the Osteoarthritis Action Alliance (OAAA) website:  
<https://oaaction.unc.edu/aaebi/>.

For Activity 2, the recipient is to establish and implement at least THREE or more **approaches** to sustain access to and delivery of selected AAEBIs. These approaches appear on the slide and can be found on pages 8-10 of 63 in the NOFO.

Applicants are expected to describe how they will implement each selected **approach**, including how applicant and key organizations will be engaged in each proposed approach to support and facilitate ongoing AAEBI access, enrollment, and delivery during and beyond the 5-year period of performance. Examples are provided in the NOFO.

Activity 3 is to make AAEBIs available and accessible to population(s) or community(s) disproportionately affected by arthritis.

Activity 4 is to collect and use state Arthritis BRFSS and other data. Applicant must collaborate with the state health department BRFSS coordinator to fund and/or collect appropriate BRFSS Arthritis data throughout the 5-year period of performance and must provide a Letter of Support from the appropriate state health department BRFSS representative indicating commitment to support BRFSS needs for this NOFO.

- **STRATEGY 2** for Component A requires recipients to: Raise awareness about physical activity counseling and availability of AAEBIs among **healthcare providers**. Also, recipients are required to track healthcare provider exposure to communication and awareness raising efforts over a 5-

year period of performance. To address this strategy, the applicant must implement the following two activities:

Activity 1: Increase healthcare providers' awareness about physical activity counseling and AAEBIs for patients with arthritis to help them manage arthritis.

Activity 2: 1) Use BRFSS and other data to raise awareness about Strategy 2 efforts, 2) ensure effective targeting of efforts to reach providers serving populations or areas of disproportionate burden, and 3) report on impact of project activities, including evaluation measures defined under the Evaluation and Performance Evaluation Strategies sections.

**Now I will turn it over to Anamika, to discuss Component B.**

#### COMPONENT B (Anamika Rajguru)

**Component B** includes 2 Strategies and instead of capacity building, it focuses on expansion and scaling up of existing efforts. Component B recipients will support strategies to expand AAEBI dissemination and increase healthcare provider patient assessment of physical activity levels, physical activity counseling for arthritis management, and referral pathways to support access to and availability of AAEBIs for people with arthritis and related co-morbidities.

- **STRATEGY 1** is to expand sustainable dissemination of arthritis-appropriate, evidence-based interventions (AAEBIs), including program(s) available for remote delivery. It is expected that the recipient will have enrolled a minimum of either 15,000 adults or 2% of the total number of adults with arthritis in the state with AAEBIs by the end of the 5-year period of performance. The following four activities are to be implemented by recipients:

Activity 1 requires recipients to disseminate at least **TWO** AAEBIs. Recipients must use recognized AAEBIs listed on the Osteoarthritis Action Alliance (OAAA) site: <https://oaaction.unc.edu/aaebi/>.

Activity 2 is to establish and implement at least **FOUR or more approaches** to sustain access to and delivery of selected AAEBIs.

Activity 3 is to make AAEBIs available and accessible to population(s) or community(ies) disproportionately affected by arthritis.

Activity 4 is to collect and use state BRFSS Arthritis Module and other data as defined under the Evaluation and Performance Evaluation Strategies sections. Recipient must collaborate with the state health department BRFSS coordinator to fund and/or collect appropriate BRFSS Arthritis data. Applicant must provide a Letter of Support from the appropriate state health department BRFSS representative indicating commitment to support BRFSS needs for this NOFO.

**STRATEGY 2** under Component B is to **expand** on strategies to increase health care provider assessment of arthritis patient physical activity levels, physical activity counseling for arthritis

management and referral pathways to AAEBIs and other relevant care for adults with arthritis and other related co-morbidities. The following three activities are to be implemented by recipients:

Activity 1 is to expand on approaches to raise awareness, knowledge, and practical application of healthcare provider assessment of physical activity levels, increase physical activity counseling for arthritis management and increase referrals to AAEBIs and other relevant care for adults with arthritis and related co-morbidities.

Activity 2 is to establish or expand electronic system(s) to support and to help sustain healthcare provider physical activity assessment and counseling for arthritis and referral pathway(s) for AAEBIs and other relevant care.

Finally, Activity 3 is to use data to: 1) raise awareness about Strategy 2 efforts among engaged organizations, 2) ensure effective targeting of efforts to reach populations or areas of disproportionate burden, 3) guide programmatic activities and investments to improve outcomes, and 4) report on impact of project activities. Again, recipients must collaborate with the state health department BRFSS coordinator to fund and/or collect appropriate BRFSS Arthritis data.

To successfully implement the strategies and activities proposed under this NOFO for both components, applicants are expected to describe how they have or plan to collaborate with and/or leverage tools, resources, and lessons learned resulting from relevant CDC-funded programs and organizations, and organizations not funded by CDC. We strongly encourage applicants to partner with the organizations and/or leverage their tools/resources as listed on pages 18-20 of the NOFO for both Components A and B.

And lastly, as you deliberate on your approach for Strategy 2 under both Components A and B, CDC strongly encourages you to review the tools and resources listed under Strategy 2, Activity 1 as described on page 11 for Component A and page 16 for Component B. Please note that **applicants applying for Component B** must describe having **current infrastructure** in place supporting the active dissemination of one or more AAEBIs and systems or established mechanisms in place supporting physical activity counseling for arthritis management, and referral to AAEBIs among healthcare providers. **Component A applicants are expected** to have the capacity to **raise awareness** about physical activity counseling and availability of AAEBIs among healthcare providers. Please note, together with CDC staff and the National Association of Chronic Disease Directors (NACDD) staff funded under CDC-RFA-DP21-2106 Component 1 and 2, recipient will assess/refine intended 5-year reach and approach for Strategy 2, including engagement of health systems, in the first year of the cooperative agreement.

**Now I will turn to Cheryl to discuss the Performance Measures associated with this NOFO.**

### **Performance Measures [Cheryl Schott]**

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 page 6). Carefully review pages 21-25 of the NOFO to understand how you are to prepare your

evaluation and performance measurement plan. Each Component has its own respective short, intermediate, and long-term outcomes, and period of performance outcome measures.

In addition to the outcome and performance measures, applicants may propose process measures to help track progress towards meeting performance and outcome measure targets. Proposed process measures should be in alignment with the applicant's proposed activities, work plan, and outcome and performance measures above. Pages 24-25 of the NOFO include suggested process measures intended to serve as examples. Applicants may propose these and/or other process measures.

Applicants are expected to identify and select a population (or populations) that is/are underserved and/or disproportionately affected by arthritis within their state to be the focus of activities designed to reduce health disparities in arthritis management and outcomes. Applicants are strongly encouraged to select underserved/disproportionately affected population(s) that can be tracked by BRFSS. If characteristics of the selected population(s) cannot be tracked by BRFSS, then the applicant must specify the data source and have access to other reliable data to track outcomes for their selected population(s). CDC will work with recipients in the first six months of the period of performance to finalize their evaluation plans.

The sample work plan template found on page 31 includes space for outcome measures, performance targets, and activities. A strong workplan will include milestones to track progress on activity implementation and performance target attainment. Recipients will have an opportunity to make work plan modifications in the first 6 months with their assigned project officer.

**Now I will turn to Anamika to discuss other important highlights associated with this NOFO.**

### **Application Content Highlights (Anamika Rajguru]**

I'd like to draw your attention to remind you of some important items.

First, note that in addition to serving the overall adult population within the state, all applicants are to promote, disseminate and make AAEBIs available, and conduct other project activities among one or more disproportionately affected populations by working directly with the population and/or through collaborations with organizations that work with and/or have access to these populations.

Secondly, this is a full and open competition NOFO for Component B. Eligibility information is found on page 34. 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 (page 6) when deciding about whether to apply. Requirements for organizational capacity for both Component A and B can be found on pages 26-31. These requirements are also reflected under the Phase II Review Criteria on pages 47-49 of the NOFO under the Applicant's Organizational Capacity to Implement the Approach.

Each application will be independently reviewed and scored by an objective review panel against the criteria specified in the NOFO on pages 46-50, then ranked by score. Applicant is strongly encouraged to review these criteria and to ensure appropriate documents and letters of support are included. Of

note, applicant is expected to propose funding for staff to attend a 2-day recipient meeting in Atlanta, Georgia for up to three people. Also, it is expected the applicant will propose a budget that includes funding for BRFSS arthritis module in odd years. If in-kind, applicant must indicate as such. Additionally, there are certain exceptions CDC may invoke to justify funding out of rank order; these can be found under c. Phase III Review on pages 49-50.

Other NOFO requirements and considerations to consider include letters of support. Component A and B applicants should include letters of support from key partners as indicated throughout the NOFO showing commitment to participate in key strategies and activities (see pages 8, 10, 13, 15, 16-18, 20-22, 27-30, 47-49 for details).

And last, but not least, is the Letter of Intent, or LOI. Letters of Intent to apply are strongly encouraged. An LOI gives CDC an estimate of the number of applications to expect and help CDC determine the number of reviewers needed for the objective review panel and plan accordingly. All LOIs are requested by (or preferably before) **January 31, 2023**. Please include the information described on page 38 of the NOFO. In particular, please be sure to indicate the Component being applied for— Component A or B.

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

#### **Grants Management Specialist, Budget Narrative [Latoya Donaldson]**

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 2023 and ending in 2028. It is estimated that 13 awards will be funded for a combined total of \$18,500,000 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 \$550,000. 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 [CDC-RFA-DP-23-0001@cdc.gov](mailto:CDC-RFA-DP-23-0001@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 Unique Entity Identifier (UEI) number by registering in [www.SAM.gov](http://www.SAM.gov) prior to submitting an application. An UEI number is a unique twelve-digit identification number assigned to the registering organization.

**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 UEI 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 “Application Registration” 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 35 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 3, 2023 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 June 30, 2023**, with an **anticipated project start date of July 01, 2023**.

**[I will now turn it over to Erica Odom to facilitate 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 you are muted unless you are asking a question.



We do not have a moderated line, so please go ahead and share your question if you have one. You may raise your hand or enter it in the chat if you are connected through the Zoom web portal.

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

As mentioned previously, if you have questions after this call, please e-mail them to [CDC-RFA-DP-23-0001@cdc.gov](mailto:CDC-RFA-DP-23-0001@cdc.gov).

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

Thank you for attending the Information Call for the DP-23-0001 *State Public Health Approaches to Addressing Arthritis* NOFO. Remember to check [grants.gov](https://www.grants.gov) regularly for any updates or notifications related to the NOFO (<https://www.grants.gov/web/grants/view-opportunity.html?oppld=342294>) or visit [www.cdc.gov/arthritis](http://www.cdc.gov/arthritis) and click on the NOFO banner to access NOFO information, FAQs and the NOFO location on [grants.gov](https://www.grants.gov). We also recommend that you sign up for amendment notifications for this NOFO on [grants.gov](https://www.grants.gov) to ensure you do not miss any important updates or revisions.

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

On behalf of CDC's Healthy Aging Branch, and the Arthritis Program, we are looking forward to supporting this important NOFO. Thank you for showing interest and joining today's call.

### **Important Dates**

- Letter of Intent Due Date: January 31, 2023
- Application Due Date: April 03, 2023
- Anticipated Award Notification Date: June 30, 2023
- Anticipated Award Start Date: July 01, 2023