The National Cardiovascular Health Program

CDC-RFA-DP-23-0004

APPLICANT INFORMATIONAL WEBINAR
MARCH 9, 2023

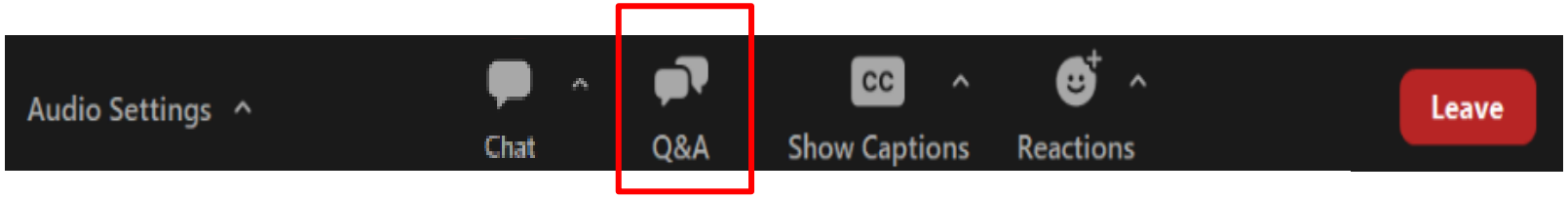
Division for Heart Disease and Stroke Prevention
Program Development and Services Branch

AGENDA

- Introduction and Welcome
- General Overview of CDC-RFA-DP-23-0004
- Application Content
- Application Requirements
- Website & Email
- Questions & Answers

HOUSEKEEPING

- The chat & raise your hand functions will be disabled on today's webinar.
- Please use the Q&A function to ask questions.



- This webinar will be recorded.

GENERAL OVERVIEW OF DP-23-0004

This funding opportunity supports state investments in implementing and evaluating evidence-based and evidence-informed strategies to prevent and manage cardiovascular disease (CVD) in high-burden populations/communities with the aim of improving health outcomes.

COMPETITIVE LIMITED ELIGIBILITY FUNDING

- $55 million for Year 1.
- Funding formula: base funding, population, disease burden, and levels of poverty.
- See the Funding Table in the NOFO.
- Estimated award date: **05/30/2023**.
- Estimated start date: **06/30/2023**.

PURPOSE & FOCUS

- Prevent and manage cardiovascular disease (CVD) in high-burden populations and communities.
- Focused on health inequities, disparities, and social determinants of health.

PRIORITY POPULATIONS

- Priority populations should include those affected disproportionately by hypertension and high cholesterol due to socioeconomic conditions or other factors, such as:
  - Inadequate or poor access to care.
  - Low income.
- Emphasis should be placed on achieving maximum reach and impact across these populations.

LEARNING COLLABORATIVES

THE CONCEPT

- The Learning Collaborative (LC) is defined as a group of public health leaders and partners with a common interest in a subject area that collaborates to achieve sustainable change and improvement.

- Previous CDC-supported initiatives provided the opportunity for a limited number of states receiving direct funding from CDC to support their core heart disease and stroke prevention programs to participate in the Heart Disease and Stroke Learning Collaboratives (LC), which were also funded by CDC

LEARNING COLLABORATIVES CONTINUED…..

THE OBJECTIVES

- The National Cardiovascular Health Program's LCs will support state departments of health, health care systems, and community partners to implement evidence-based practices.

- LCs will support health agencies in various jurisdictions to facilitate communication and the exchange of ideas between health systems, community health organizations, and public health entities.

- They will leverage technical and financial resources to support programs to improve cardiovascular health outcomes for all persons but specifically focus on those with or at the highest risk of poorer health outcomes.

- An LC may include public health, housing, commerce, and transportation agencies, health care providers, clinical quality improvement organizations, health information technology experts, public and private payers, pharmacists, mental and behavioral health professionals, community-based health care professionals, community organizations, safety net providers, local health departments, and others.

STRATEGIES/OUTCOMES

- 3 Main Strategies
- 8 Corresponding Strategies
- Outcomes

Across all strategies, partnerships will be key to enhance capacity, subject matter expertise, and extend reach to achieve the greatest sustainable impact.

STRATEGY

STRATEGY 1

- Track and monitor clinical and social services and support needs measures shown to improve health and wellness, health care quality, and identify individuals at the highest risk of cardiovascular disease (CVD) with a focus on hypertension and high cholesterol.

2 CORRESPONDING STRATEGIES

- 1A. Advance the adoption and use of electronic health records (EHR) or health information technology (HIT).
- 1B. Promote the use of standardized processes or tools to identify social services and support needs.

SHORT-TERM OUTCOMES: STRATEGY 1

THE GOALS:

- Increased use of EHRs or HIT to report, monitor, and track clinical and social services and support needs data to improve detection of health care disparities.

- Increased use of standardized processes or tools to identify, assess, track, and address social services and support needs of patient populations at the highest risk of CVD.

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STRATEGY

STRATEGY 2

- Implement team-based care to prevent and reduce CVD risk with a focus on hypertension and high cholesterol prevention, detection, control, and management through the mitigation of social support barriers to improve outcomes.

3 CORRESPONDING STRATEGIES

- 2A. Advance the use of health information systems that support team-based care.
- 2B. Assemble or create multidisciplinary teams to identify patients' social services and support needs and to improve the management and treatment of hypertension and high cholesterol.
- 2C. Build and manage a coordinated network of multidisciplinary partnerships that address identified barriers to social services and support needs.

SHORT-TERM OUTCOMES: STRATEGY 2

THE GOALS:

- Increased use of EHRs or HIT to support communication and coordination among care team members to monitor and address patients' hypertension and high cholesterol
- Increased use of multidisciplinary care teams adhering to evidence-based guidelines.
- Increased multidisciplinary partnerships that address identified barriers to social services and support needs the population at the highest risk of CVD.

STRATEGY

STRATEGY 3

- Link community resources and clinical services that support bidirectional referrals, self-management, and lifestyle change to address social determinants that put the priority populations at increased risk for cardiovascular disease with a focus on hypertension and high cholesterol.

3 CORRESPONDING STRATEGIES

- 3A. Create and enhance community-clinical links to identify social determinants of health.
- 3B. Identify and deploy dedicated CHWs (or their equivalents) to provide a continuum of care and services.
- 3C. Promote the use of self-measured blood pressure monitoring (SMBP) with clinical support among populations at the highest risk of hypertension.

Reminder

All strategies aim to strengthen and increase partnerships to:

- Enhance capacity.
- Increase subject matter expertise.
- Extend reach to achieve the greatest sustainable impact.

SHORT-TERM OUTCOMES: STRATEGY 3

THE GOALS:

- Increased community-clinical links to identify and respond to social services and support needs.
- Increased engagement of CHWs, or their equivalents, to provide a continuum of care.
- Increased use of SMBP with clinical support.

INTERMEDIATE OUTCOMES: ALL STRATEGIES

THE GOALS:

- Improved blood pressure control among populations within partner health care and community settings.
- Reduced disparities in blood pressure control among populations within partner health care and community settings.
- Increased utilization of social services and support among populations at the highest risk of CVD, with a focus on hypertension and high cholesterol.

LONG-TERM OUTCOMES: ALL STRATEGIES

THE GOALS:

- Improved cardiovascular health.
- Reduced disparities in cardiovascular health.

EVALUATION & PERFORMANCE MEASUREMENT

ALL recipients are required to participate in and conduct evaluation-related activities as outlined in DP-23-0004.

EVALUATION STRATEGY

- CDC-led comprehensive evaluation.
- Recipient-led evaluation.
- Performance measures.

EVALUATION & PERFORMANCE MEASUREMENT PLAN

- Applicants must provide an Evaluation and Performance Measurement Plan that includes a Data Management Plan within the first six months of the award.
- Additionally, the plan should describe that 10% of funding will be dedicated to evaluation activities.

PERFORMANCE MEASURES

- Recipients will be required to report all short-term and intermediate measures annually to CDC. Long term measures are not required.

- Applicants are required to submit baselines, Year 1 targets, and data sources for all performance measures as part of their workplans.

- Draft performance measure definitions will be provided after award and CDC will work with recipients to finalize measure definitions.

NOFO REQUIREMENTS & APPLICATION CONTENT

APPLICATION REQUIREMENTS & CONTENT

PROJECT NARRATIVE (20 page max)

- Background.
- Approach.
- Evaluation and Performance Measurement Plan.
- Organizational Capacity.

WORK PLAN (Not Included in Project Narrative page limit)

- Refer to the guidance in the NOFO.
- Applicants are not required to use the work plan format, but the applicant is required to include all of the elements listed within the format

DEVELOPING WORK PLAN ACTIVITIES

Well-written activities are:

- Directly related to the performance measures for the strategy/intervention (i.e., *engaging in these activities will contribute to "moving the needle" on the relevant performance measures*).

- Inclusive of major milestones, including the milestones or deliverables contractors and partner organizations will accomplish to support the strategy/intervention.
- Inclusive of key actions that will be completed to achieve progress toward performance measure targets.

- Written clearly so that an external audience is able to understand what will be accomplished.
- Specific and concise.

DEVELOPING WORK PLAN ACTIVITIES

Think:

- **S** ▪ Specific.
- **M** ▪ Measurable.
- **A** ▪ Attainable.
- **R** ▪ Relevant.
- **T** ▪ Time-Bound.
- **I** ▪ Inclusive.
- **E** ▪ Equitable.

DEVELOPING WORK PLAN ACTIVITIES

Well-written activities <u>are not:</u>

- Broad, general statements that restate the strategy/intervention.
- Unrelated to the performance measures for the strategy/intervention.

- Inclusive of every step to accomplish a major milestone (e.g., *Plan a training, implement the training, compile feedback on the training, write a report on the training, etc.*).
- Inclusive of minor administrative or logistical steps to the achievement of a major milestone (e.g., *writing a contract, releasing the contract for bid, arranging a meeting with colleagues to review the bids, etc.*).

- Inclusive of undefined acronyms.
- Repeated every year.

APPLICATION CONTENT

BUDGET NARRATIVE

- Includes justification for proposed activities.
- The budget narrative **IS NOT** included in the 20-page Project Narrative limit.
- The total amount of funding requested should not exceed the total dollar amount for which the applicant is eligible to apply.

BEST PRACTICES: BUDGETING

IN ADDITION TO THE FISCAL PRINCIPLES SPECIFIC TO DP-23-0004, GOOD BUDGETING PRACTICES ARE ESSENTIAL.

- Refer to CDC's Budget Preparation Guidelines available at: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html
- Applicants should follow these guidelines to ensure that budgets are accurate and contain the necessary information required by CDC.
- Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.
- Direct assistance is not available through this NOFO.

SUMMARY OF APPLICATION REQUIREMENTS

Registration:	All organizations must be registered with Grants.gov before applying.
Application Due Date:	**April 25, 2023 by 11:59 p.m. Eastern Daylight Time.**
Submission:	Only PDFs submitted electronically will be accepted.

WEBSITE & EMAIL

- **NATIONAL NOFO WEBSITE:**

  https://www.cdc.gov/dhdsp/funding-opps/index.htm

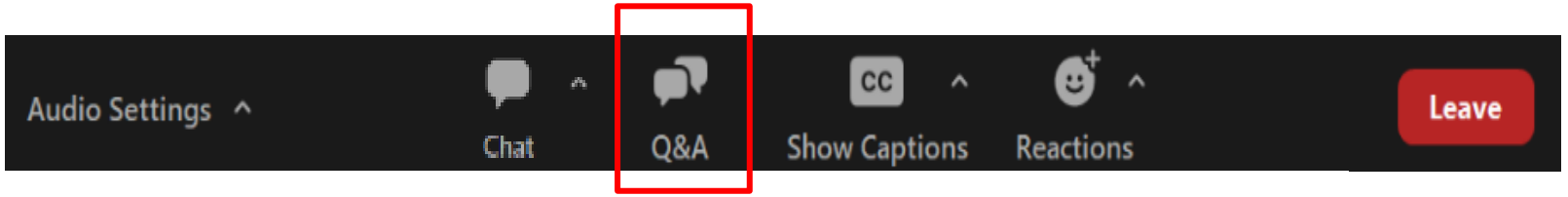
  The website includes a link to the NOFO, frequently asked questions (FAQs), and points of contact.

- **EMAIL:**

  NationalCVH@cdc.gov

  Please use this address to submit questions related to the NOFO. Questions and responses will be added to the FAQs section of the NOFO web site. Please review the full NOFO, as well as the FAQs already posted on the NOFO Web site, before submitting a new question as the Q & A might already be available.

QUESTIONS?



THANK YOU!