

DP-23-0077 Closing the Gap with Social Determinants of Health Accelerator Plans Informational Call

June 13, 2023 | 2:00 – 3:30 PM Eastern Standard Time

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health



Housekeeping



This meeting is being recorded



Attendees will be muted for the duration of the webinar



For **technical assistance**, please use the chat. Send to “Hosts and Panelists” only



For **questions about the NOFO**, please type them into the Q&A



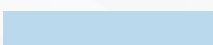







Automated captioning is available through Zoom. Live captioning is available on a second screen via the link in the chat



We will not be using the “Raise Hand” function during this webinar. Please use the Q&A or chat.

DP-23-0077 Accelerator Informational Call Agenda

-  **Welcome**
-  **Overview of NOFO**
-  **Strategies & Activities**
-  **NOFO Requirements & Application Content**
-  **Eligibility Criteria & Funding**
-  **Application Review & Selection Process**
-  **Reminders**
-  **Questions & Answers**



Welcome

CDC-RFA-DP-23-0077 Accelerator Informational Call

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health



VISION

To advance health equity, NCCDPHP addresses systemic factors that drive inequity in health outcomes through SDOH.

THE PRIMARY FOCUS OF NCCDPHP'S EFFORTS IN SOCIAL DETERMINANTS OF HEALTH IS DEFINED BY...

BUILT ENVIRONMENT

Built environment is human-made surroundings that influence overall community health and individual behaviors that drive health.

COMMUNITY-CLINICAL LINKAGES

Community-clinical linkages are connections made among health care systems and services, public health agencies, and community-based organizations to improve population health.

FOOD SECURITY

Food insecurity is an economic and social condition characterized by limited or uncertain access to adequate and nutritious food.

SOCIAL CONNECTEDNESS

Social connectedness is the degree to which individuals or groups of individuals have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging and being cared for, valued, and supported.

TOBACCO-FREE POLICY

Tobacco-free policies are population-based preventive measures to reduce tobacco use and tobacco-related morbidity and mortality.

Overview of Notice of Funding Opportunity (NOFO)

CDC-RFA-DP-23-0077 Accelerator Informational Call

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health



Purpose

- Accelerate action in state, local, territorial, and tribal jurisdictions that lead to improved chronic disease outcomes among persons experiencing health disparities and inequities.
- Encourage collaborative planning among public health, government, business, non-profit organization, and healthcare partners is essential for addressing SDOH.
- Improve SDOH in communities with the poorest health outcomes through community health assessment and long-range planning, policy, system, environmental, and programmatic changes.

General Overview

- **NOFO Number:** CDC-RFA-DP-23-0077
- **NOFO Title:** Closing the Gap with Social Determinants of Health Accelerator Plans
- **Mechanism:** Grant
- **Eligibility:** State, Local, Territorial, or Tribal Public Health Jurisdictions
- **Approximate number of awards:** 15
- **Period of Performance:** September 30, 2023 – September 29, 2024
- **Budget Period:** 12 months (1 year)
- **Funding Amount:** \$125K / recipient, depending on the availability of funds

Strategies & Activities

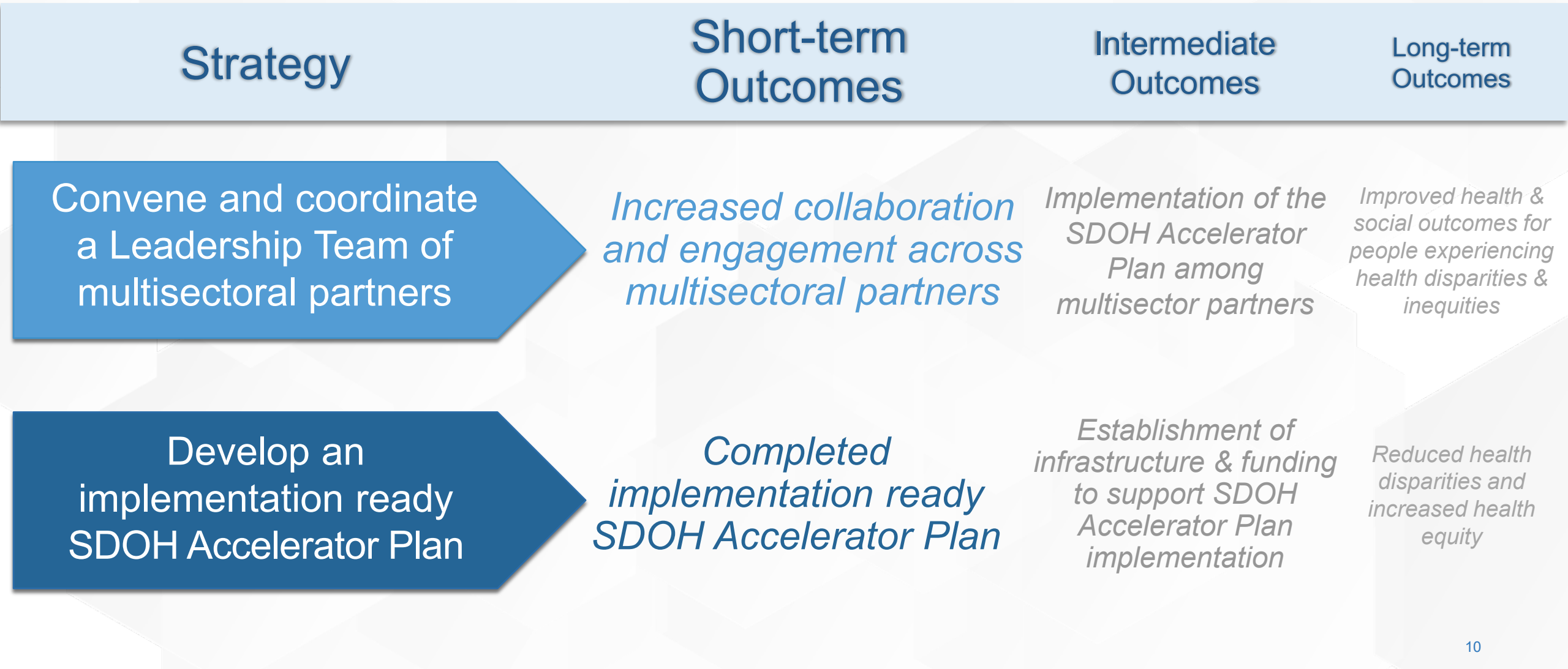
CDC-RFA-DP-23-0077 Accelerator Informational Call

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health



DP23-0077 Logic Model



Strategy 1: Convene and Coordinate a Leadership Team Consisting of Multisectoral Partners

1. Identify and describe the tribe, community, or catchment area
 2. Identify the population(s) disproportionately affected by chronic disease and related risk factors
 3. Identify Leadership Team
 4. Select at least two (2) SDOH priority areas from [NCCDPHP Framework](#)
- Applicants must include a **Proposed Work Statement** (upload PDF file to www.grants.gov.) that identifies and defines the community in which the applicant will do the propose

Strategy 2: Develop an Implementation-Ready SDOH Accelerator Plan

1. Create the SDOH Accelerator Plan addressing:
 - ✓ Background – community, issues, selected population(s)
 - ✓ Partnerships – leadership team, partners, shared mission/goal
 - ✓ SDOH Programs and Resources – existing linkages
 - ✓ Evaluation – strategy/outcomes, purpose/goals, data/methods
2. Evaluation of the SDOH Accelerator Plan Strategies
3. Success Story

Final Accelerator Plans are due to CDC **30-days** before the end of the Period of Performance.

NOFO Requirements & Application Content

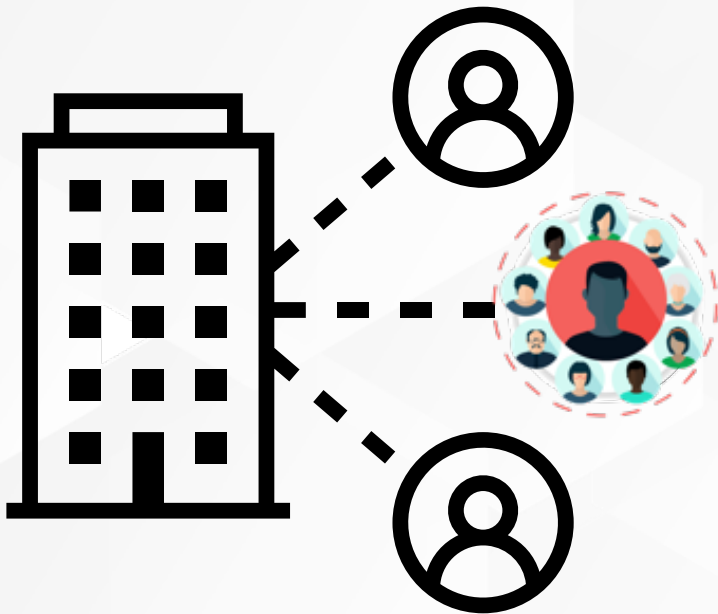
CDC-RFA-DP-23-0077 Accelerator Informational Call

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health



Required Collaborations



- CDC SDOH Program and Evaluation Team members
- CDC designated SDOH Domain/Technical Assistance provider
- Diverse and inclusive Leadership Team from the community
 - At least two (2) members of the community that understand the distinct characteristics and culture of the selected population(s) and are recognized by their peers as trusted voices for the community.
 - A minimum of five (5) additional representatives from different sectors with the expertise and authority to accomplish the development of the SDOH Accelerator Plan in the selected SDOH priority areas.
- CDC-funded state and/or local chronic disease prevention programs
- State and Local healthcare providers

Populations of Focus

- Populations that are disproportionately affected by chronic disease and related risk factors.
- Applicants should clearly describe the identified community, population(s), and social determinant(s) of health of interest.
 - use the results of community need assessments and other data sources to describe the health disparities and inequities of the identified population
- Recipients will be expected to convene a multi-sector partnership including representatives of the community/population of interest.

Developing Your Workplan

- Detailed workplan for one year
- The workplan should include the following components:
 - Period of Performance Outcome
 - Outcome Measures
 - Strategies and Activities
 - Performance Measures
 - Responsible Position or Party
 - Completion Date
- Included in the 20-page limit allowed for the project narrative

Developing Your Workplan Cont.

Period of Performance Outcomes: <i>[from Outcomes section and/or logic model]</i>		Outcome Measures: <i>[from Evaluation and Performance Measurement section]</i>	
Strategies and Activities	Process Measure <i>[from Evaluation and Performance Measurement section]</i>	Responsible Position / Party	Completion Date
1.			
2.			
3.			

Evaluation and Performance Management

Applicants are NOT required to provide an overall Evaluation and Performance Measurement Plan or a Data Management Plan

CDC will collaborate with recipients to:

- Monitor strategy implementation
- Assess progress toward achieving Short-term Outcomes

Short-term Outcomes

Increased collaboration and engagement across multisectoral partners

Completed implementation ready SDOH Accelerator Plan

Required Performance Measures:

- ✓ **Number** of partner organizations
 - ✓ **Range** of partner organization types
 - ✓ **Number** of meetings and partner attendance
 - ✓ **Completed** success story
-
- ✓ **Number** of activities and outcomes included
 - ✓ **Completed** SDOH Accelerator Plan

Recipients will be required to report defined performance measures data at the end of the project period.

Summary of DP-23-0077 Application Submission

Table of Contents for Entire Submission

Project Abstract

Project Narrative (20-page limit, single spaced, 12-point font, 1-inch margins, number all pages):

- Background
- Approach
- Work Plan
- Organizational Capacity of Applicants to Implement the Approach

Budget Narrative (not included in the 20-page limit)

- Encouraged to use format outlined in CDC Budget Preparation Guidelines

Attachments

- | | | |
|---|--|--|
| <input type="checkbox"/> Organizational Chart | <input type="checkbox"/> Healthcare Sector Letter of Support | <input type="checkbox"/> Project Management Structure |
| <input type="checkbox"/> Leadership Team Letters (4) of Support | <input type="checkbox"/> Proposed Work Statement | <input type="checkbox"/> Position Description |
| <input type="checkbox"/> CDC Letter of Support | <input type="checkbox"/> CVs/Resumes | <input type="checkbox"/> Leadership Team |
| | | <input type="checkbox"/> Health Authority Letter of Support* |

*required if an applicant is **NOT** a health department

Budget Narrative

- Budget Preparation Guidelines:
<https://www.cdc.gov/grants/document s/Budget-Preparation-Guidance.pdf>
- The budget must include:
 - Direct Costs:
 - Salaries, Fringe Benefits, Consultant Costs, Equipment, Supplies, Travel, Other, and Contractual Costs
 - Indirect Costs:
 - e.g., facilities, depreciation and administrative costs

Budget Preparation Guidelines

Office of Financial Resources (OFR)

This document provides guidance for preparing a budget request and examples to help with the process. CDC applicants and recipients must follow this guidance, which will facilitate prompt CDC review and approval of the request.

Applicants/recipients must prepare and submit a budget narrative for the following types of applications and requests for funding:

- New awards,
- Competing and non-competing continuations,
- Supplements,
- Budget revisions,
- Carryover requests, and
- No cost extensions, if redirecting funds from an existing award.¹

General Principles

- When developing the budget request, applications must be consistent with the purpose, outcomes, and program strategy outlined in the project narrative.
- Applicants/recipients must follow federal cost principles by showing costs are allowable, allocable, reasonable, and necessary.² The Office of Grants Services (OGS) Grants Management Specialist (GMS) will conduct reviews to ensure the costs meet these standards.
- Applicants/recipients must round all amounts requested to the nearest dollar.
- Funded recipients are not allowed to use CDC grant funds for employee staff, consultants, and staff paid for other than the project.

Eligibility Criteria & Funding

CDC-RFA-DP-23-0077 Accelerator Informational Call

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health



Funding Overview

- **NOFO Ceiling:** \$1.875M for one year, depending on the availability of funds
- **Recipient Ceiling:** \$125K for one year, depending on the availability of funds
- **Funding Type:** Grant
- **Approximate number of awards:** 15
 - At least one (1) territory and at least two (2) tribes.
 - At least two (2) recipients per HHS region.
- **Period of Performance:** 1 Year (September 30, 2023 – September 29, 2024)
- **Budget Period:** 12 months (1 Year)

Eligibility

- **GOVERNMENTS** (incl. health depts) or **bona fide agents** of a:
 - **State**, (incl. Dist. of Columbia) County, City, Township, Locality, Special District Governments
 - **Tribe** (incl. federally- and state-recognized American Indian or Alaska Native Tribes and tribal organizations other than federally-recognized tribal governments)
 - **Territory** (Commonwealth of Puerto Rico, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Palau, Republic of the Marshall Islands, Territory of American Samoa, U.S. Virgin Islands)
- Applicants must be **PHYSICALLY LOCATED** and **Operate** in the state, tribe, locality, or territory for which the work is proposed.

Eligibility Cont.

- Recipients of **CDC-RFA-DP-21-2111** or **CDC-RFA-DP-22-2210** Closing the Gap with Social Determinants of Health Accelerator Plans are **NOT** eligible for this award.
- Applicants proposing to work in a state, tribe, locality, territory, or community other than where the applicant is physically located and operates will be considered non-responsive and will not receive further review.

Application Review and Selection Process

CDC-RFA-DP-23-0077 Accelerator Informational Call

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health



Phases of the Review and Selection Process

PHASE I

- CDC Office of Grants Services reviews all applications for eligibility and completeness

PHASE II

- Review panel evaluates all complete, eligible applications

PHASE III

- Applications are scored and ranked through merit review

Application Review and Selection Process Cont.

- Recipients will receive electronic Notice of Award (NOA) from CDC OGS.
- Unsuccessful applicants will receive notification results by e-mail

Review Criteria	Points
Approach	35 points
Evaluation and Performance Measurement	15 points
Applicant's Organizational Capacity to Implement Approach	50 points
Budget	0 points

Reminders

CDC-RFA-DP-23-0077 Accelerator Informational Call

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health



Key Dates

- **Publication Date:** May 12, 2023
 - NOFO will remain open for 60 days
- **Application Due Date:** July 11, 2023
- **Letter of Intent (LOI) Due Date:** June 12, 2023
 - Optional: 30 days post-publication
- **Deadline to Submit Questions:** July 4, 2023
 - Email address: sdohaccelerator@cdc.gov
 - Insert the following in the email subject line:
"CDC-RFA-DP-23-0077"



Questions & Answers

CDC-RFA-DP-23-0077 Accelerator Informational Call



Thank you

SDOHACCELERATOR@CDC.GOV

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

