

1. DATE ISSUED MM/DD/YYYY 06/28/2020		1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA NO. 93.436 - WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN)			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 5 NU58DP006650-03-00 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NU58DP006650		5a. ACTION TYPE Non-Competing Continuation	
6. PROJECT PERIOD MM/DD/YYYY From 09/30/2018		Through 09/29/2023	
7. BUDGET PERIOD MM/DD/YYYY From 09/30/2020		Through 09/29/2021	
8. TITLE OF PROJECT (OR PROGRAM) Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)			

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention**

2939 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulations)
[AWARD AUTHORITY NOT DEFINED FOR DP16-1601]

9a. GRANTEE NAME AND ADDRESS HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF 920 WILDWOOD DR Community and Public Health-DUP JEFFERSON CITY, MO 65109-5796		9b. GRANTEE PROJECT DIRECTOR Ms. Mindy Laughlin 920 Wildwood Dr Jefferson City, MO 65109-5796 Phone: 5737516435	
10a. GRANTEE AUTHORIZING OFFICIAL Ms. Marcia Mahaney 920 Wildwood Dr Jefferson City, MO 65109-5796 Phone: 573-751-6014		10b. FEDERAL PROJECT OFFICER Ms. Alyson Davis 4700 Buford Highway Atlanta, GA 30341 Phone: 404-639-7497	

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)				12. AWARD COMPUTATION			
I Financial Assistance from the Federal Awarding Agency Only				a. Amount of Federal Financial Assistance (from item 11m) 900,000.00			
II Total project costs including grant funds and all other financial participation <input type="checkbox"/> I				b. Less Unobligated Balance From Prior Budget Periods 0.00			
a. Salaries and WageS 200,317.00				c. Less Cumulative Prior Award(s) This Budget Period 0.00			
b. Fringe Benefits 113,284.00				d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 900,000.00			
c. Total Personnel Costs 313,601.00				13. Total Federal Funds Awarded to Date for Project Period 2,700,000.00			
d. Equipment 0.00				14. RECOMMENDED FUTURE SUPPORT			
e. Supplies 2,292.00				(Subject to the availability of funds and satisfactory progress of the project):			
f. Travel 7,697.00				YEAR TOTAL DIRECT COSTS		YEAR TOTAL DIRECT COSTS	
g. Construction 0.00				a. 4		d. 7	
h. Other 93,468.00				b. 5		e. 8	
i. Contractual 482,942.00				c. 6		f. 9	
j. TOTAL DIRECT COSTS → 900,000.00				15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:			
k. INDIRECT COSTS 0.00				a. DEDUCTION			
l. TOTAL APPROVED BUDGET 900,000.00				b. ADDITIONAL COSTS			
m. Federal Share 900,000.00				c. MATCHING			
n. Non-Federal Share 300,000.00				d. OTHER RESEARCH (Add / Deduct Option)			
				e. OTHER (See REMARKS)			
				16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:			
				a. The grant program legislation			
				b. The grant program regulations.			
				c. This award notice including terms and conditions, if any, noted below under REMARKS.			
				d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.			
				In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.			

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL:

Stephanie Latham, Team Lead, Grants Management Officer
2939 Flowers Rd. South
TV-2
Atlanta, GA 30333
Phone: 770.488.2917

17.OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 0-939ZRBH	b. 18NU58DP006650	c. DP	d. \$900,000.00	e. 75-20-0948
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 5 NU58DP006650-03-00	

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 06/28/2020
GRANT NO. 5 NU58DP006650-03-00	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
09/30/2018	09/29/2019	Annual	03/11/2020
09/30/2019	09/29/2020	Annual	12/28/2020

AWARD ATTACHMENTS

Missouri Department of Health

5 NU58DP006650-03-00

1. Terms and Conditions
2. Technical Review

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-DP18-1816, entitled Well-Integrated Screening and Evaluation for Women Across the Nation (Wisewoman), and application dated **April 22, 2020**, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NOA).

Approved Funding: Funding in the amount of **\$900,000** is approved for the Year 03 budget period, which is September 30, 2020 through September 29, 2021. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Core	\$900,000
Innovation	\$

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

The CDC programs supporting this NOFO will be substantially involved beyond site visits and regular performance and financial monitoring during the period of performance. Substantial involvement means that the recipient can expect federal programmatic partnership in carrying out efforts under the award. CDC will work in partnership with the recipient to ensure the success of the cooperative agreement by:

- o Supporting recipients in implementing cooperative agreement requirements and meeting program outcomes;
- o Providing technical assistance to revise annual work plans;
- o Assisting recipients in advancing program activities to achieve project outcomes;
- o Providing scientific subject matter expertise and resources in support of the selected strategies;

- o Collaborating with recipients to develop and implement evaluation plans that align with CDC evaluation activities;
- o Providing technical assistance on recipients' evaluation and performance measurement plans
- o Providing technical assistance to define and operationalize performance measures;
- o Using webinars and other social media for recipients and CDC to communicate and share tools and resources;
- o Establishing learning communities to facilitate the sharing of information among recipients;
- o Providing professional development and training opportunities – either in person or through virtual, web-based training formats – for the purpose of sharing the latest science, best practices, success stories, and program models;
- o Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes;
- o Coordinating communication and program linkages with other CDC programs and Federal agencies, such as the Health Resources and Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), Indian Health Service (IHS), and the National Institutes of Health (NIH);
- o Providing surveillance technical assistance and state-specific data collected by CDC;
- o Providing technical expertise to other CDC programs and Federal agencies on how to interface with recipients;
- o Translating and disseminating lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base; and
- o Hosting a meeting/training during the first 18 months of the period of performance and later in the period of performance (for a total of two meetings/trainings for recipients)

Additionally CDC will:

- o Ensure that recipients have access to expertise found throughout the National Center for Chronic Disease Prevention and Health Promotion.
- o Collaborate with recipients to explore appropriate flexibilities needed to meet public health outcomes and goals. Flexibility in cooperative agreements includes recipients' ability to propose alternative methods to achieve the outcomes and goals of the cooperative agreement that align with recipients' opportunities for success, infrastructure, partner and stakeholder buy-in, demographics, and burden. This includes bringing together resources from multiple cooperative agreements to jointly advance the goals of each, and expanding the dialogue to bring in other CDC and recipient staff to reach a win/win solution.
- o Create greater efficiencies and consistency across NCCDPHP programs. For example: 1.) Jointly developed resources and tools that focus on cross-cutting functions, settings, domains, risk factors, conditions and diseases to ensure consistent messages and to meet technical assistance needs and 2.) Joint training and technical assistance opportunities that help state health departments produce policies and programs that are more holistic.
- o Continue and expand support for recipients to leverage National Center for Chronic Disease Prevention and Health Promotion resources to address cross-cutting functions, domains, settings, risk factors, and diseases.

Technical Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, October 30, 2020, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By October 30, 2020 the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date. **If the recipient was awarded Core and Innovation they must submit two separate budgets one for Core and One for Innovation.**

- Once selected the TBD Contractors must be submitted in Grantsolutions as an amendment type "Notification of a Contractor or Consultant". The CDC must approve before costs for this budget category can be expended.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs: Indirect costs are not applicable to this award. *****As specified by PL 101-354, not more than 10 percent of cooperative funds awarded may be spent annually for administrative expenses. These administrative expenses are in lieu of and replace indirect costs [Section 1504(f) of the PHS Act, as amended]."**

Matching Funds Requirement: The required level of non-federal participation for recipient financial participation is required for this program in accordance with the authorizing legislation. Section 1502(a) and (b)(1),(2), and (3) of the PHS Act, as amended, requires matching funds from non-Federal sources in an amount not less than one dollar for every three dollars of Federal funds, a ratio of 3:1, awarded under this program.

Matching is generally calculated on the basis of the federal award amount and is comprised of recipient contributions proposed to support anticipated costs of the project during a specific budget period (confirmation of the existence of funding is supplied by the recipient via their Federal Financial Report). The recipient must be able to account separately for stewardship of the federal funding and for any required matching; it is subject to monitoring, oversight, and audit. The

recipient may not use matching expenditures to count toward any Maintaining State Funding requirement.

When a recipient requests a carryover of unobligated funds from prior year(s), matching funds equal to the new requirement must be on record in the CDC grant file, or the recipient must provide evidence with the carryover request.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Robyn Bryant, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
2939 Flowers Road, MS TV2
Atlanta, GA 30341-4146
PPA4@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure

to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the “P Account”. Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Robyn Bryant, Grants Management Specialist
Branch 5 Supporting Chronic Diseases and Injury Prevention
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
2939 Flowers Road, MS TV2
Atlanta, GA 30341-4146
PPA4@cdc.gov | Phone: 404-498-2698

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:

Alyson Davis, Project Officer
Centers for Disease Control and Prevention
Telephone: 404-639-7497
Email: ALDavis1@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grants and cooperative agreements. The GMO is the only official authorized to obligate federal funds and is responsible for signing the Notice of Award,

including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:

Rhonda Latimer, Grants Management Officer
Branch 5 Supporting Chronic Diseases and Injury Prevention
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
2939 Flowers Road, MS TV2
Atlanta, GA 30341-4146
RDLatimer@cdc.gov | Phone: 770-488-1647

CDC-RFA-DP-18-1816: Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)

Technical Review: Year 2 Annual Performance Report (APR)/Year 3 Work Plan

Recipient: Missouri Department of Health

Date Reviewed: May 12, 2020

Award Number: NU58DP006650

Funding Amount Requested: \$900,000

Funding Recommendation: Approved at requested amount

Project Officer: Alyson Davis

Year 1 and 2 APR Comments

Core Component

Year 1

Strategy 1: Track and Monitor Clinical Measures

Successes

- Onboarding and training for all 37 Missouri (MO) WISEWOMAN provider sites was completed.
- Electronic Minimum Data Element (MDE) forms were updated to reflect the current cooperative agreement.
- The health coaching curriculum was redesigned, all healthy behavior support service (HBSS) options were approved, and a self-measured blood pressure (SMBP) with clinical support tracking sheet was developed.

Challenges

- Testing new forms and MDEs was challenging due to two data and information technology staff vacancies internal to MO WISEWOMAN. This affected their ability to update their data system and create reports from claim data.

Strategy 2: Implement Team Based Care

Successes

- Based off an assessment completed in year one, forty percent of MO WISEWOMAN providers reported using a team-based care model.
- A training was conducted on the integration of pharmacy staff into clinics for medication education and adherence.

Challenges

- Creating team-based care within clinics in rural areas was challenging given limited providers.
- Training providers was challenging specific to ensuring clinics understood the importance of team-based care for clients with disease level values.

Strategy 3: Link Community Resources and Clinical Services

Successes

- Eight providers secured letters of agreement with community resources to accept referrals for HBSS.
- Two providers of the National Diabetes Prevention Program (NDPP) collaborated with the MO WISEWOMAN program to offer this as a HBSS.
- An agreement was put in place between MO WISEWOMAN and the Kansas City Health Department to partner with their community health worker (CHW) to assist providers with hypertension control.

Challenges

- Challenges continued in rural areas in relation to locating HBSS options, specifically NDPP providers in these areas.

Year 2

MO provided an Annual Performance Report for year two that demonstrates initial progress toward achieving the strategy-specific outcomes.

Strategy 1: Track and Monitor Clinical Measures

Successes

- MO WISEWOMAN trained/conducted site visits with seven providers (five new provider trainings and two refresher trainings). Continued implementation updates were provided at these trainings, including refinement or implementation of hypertension protocols, methods for monitoring and managing hypertension among participants, and the process for blood pressure medical follow-up. The site visit was also an opportunity for MO WISEWOMAN to increase provider awareness of the number of women in their clinic population who are eligible for WISEWOMAN services but who are not utilizing them.
- A revised screening form was developed to better collect data related to hypertension management and other cardiovascular-related health outcomes. This is in support of improved implementation of clinical protocols for hypertension management.
- Monthly provider education calls are conducted, focused in part, on program guidance reminders and technical clarifications.
- MO WISEWOMAN also proposed implementation of the WISEWOMAN program with a health center in Kansas City who expressed interest in providing the program. They expect to have a new provider contract in place in spring 2020.

Challenges

- The new screening form was approved but has yet to be implemented into MOHSAIC, the MO WISEWOMAN data system.
- Staff turnover both in provider clinics and within the MO WISEWOMAN program were major challenges. Limited WISEWOMAN experience on the data team created problems running certain monthly reports, specifically those associated with monitoring and tracking clinical data. Because of this, providing robust technical assistance to providers was difficult. It is recommended that MO WISEWOMAN continue to communicate data collection, tracking, and monitoring issues with the project officer and work together to identify areas where the CDC project officer and data team can assist.
- Scheduled provider visits for early spring 2020 were cancelled and remain to be rescheduled due to the COVID-19 outbreak. MO WISEWOMAN continues to provide training and technical assistance to providers via phone and webinars.

Strategy 2: Implement Team Based Care

Successes

- MO WISEWOMAN conducted an assessment in October 2019 of the status of team-based care approaches in provider clinics. Twelve responded, nine of who currently utilize a team-based care model. Half of providers who responded indicated an interest in the MO WISEWOMAN programs discussing the potential for implementation of team-based care with them. Two providers indicated an interest in working with a community health worker as part of their team-based care.
- The MO WISEWOMAN program hired a permanent Program Manager in February 2020.

Challenges

- The response to the assessment of team-based care among providers was less than projected, and those that requested further discussion about a partnership with a CHW have not responded to MO WISEWOMAN. The program plans to re-evaluate how to better assess the status of team-based care and how to support it going forward to reach as many of their providers as possible. It is recommended that MO WISEWOMAN work with the project officer to identify ways to support further implementation of team-based care with their providers.
- Because there was no permanent MO WISEWOMAN Program Manager in place until winter 2020, development and implementation of provider training was delayed.

Strategy 3: Link Community Resources and Clinical Services

Successes

- MO WISEWOMAN developed a new training to support continued implementation of their self-measured blood pressure (SMBP) with clinical support program, which was conducted at provider site visits that specially requested training events as well as for all providers during a monthly provider education call.

- MO WISEWOMAN has been working with the Health Services Manager at the St. Louis City Department of Health to coordinate a conference or webinar for several St. Louis area clinics. This was to raise awareness about WISEWOMAN and the services the WISEWOMAN program can offer to St. Louis City’s population of at-risk women, especially African American women.

Challenges

- Reaching women in rural communities through rural providers who do not have the clinical capacity to help widely promote the WISEWOMAN program has been a challenge. It is recommended that MO WISEWOMAN work with the project officer to identify other CDC-funded WISEWOMAN recipients who also have challenges reaching rural populations. This may help MO brainstorm ways to provide outreach to women in rural areas.
- Reaching the large population of African American women in St. Louis and Kansas City through clinics in these areas has been slow. However, progress is being made in connecting the WISEWOMAN program with specific health centers. MO WISEWOMAN hopes to secure at least one new provider in these areas within the next six months.

Year 3 Work Plan

Overarching Comments and Strengths and Weaknesses

Strengths

- MO WISEWOMAN will continue to work with provider clinics to ensure protocols for hypertension management are in place.
- MO will continue to utilize their current data system and quality assurance processes to collect, track, and report MDEs with integrity.
- A follow up assessment of the status of team-based care implementation within clinics will be developed. Information gathered from this assessment will be used by MO WISEWOMAN to provide technical assistance to individual clinics through routine communications and site visits.
- MO WISEWOMAN already has meetings planned with their Cancer and Chronic Disease teams to implement CHWs into clinics providing services to populations in inner city communities of St. Louis and Kansas City.
- Existing partnerships in St. Louis and Kansas City will be leveraged by MO to support their efforts to expand the program within federally qualified health centers (FQHC) in these areas.
- Health coaching and lifestyle programs (e.g., NDPP, Weight Watchers) will continue to be offered as HBSS options.

Weaknesses

- Some activities do not clearly or directly relate to the strategy under which they are proposed (e.g., Activity 4 under Strategy 2: “Monthly Provider Administrator calls to review provider reports and determine if WISEWOMAN is offering quality services”).

- Duplicate activities are listed under more than one strategy (e.g., “Establish referral agreements with clinics for bi-directional referrals (site visits)” is listed as the first activity under both Strategy 1 and Strategy 3.
- Some activities are written as indicating something will occur (e.g., an assessment of team-based care within clinics in the first half of year three), however, there is no subsequent activity clearly stating as to what will be done in follow up in the second half of year three (e.g., assessment results will be used to develop tailored technical assistance to specific providers in support of continued implementation or expansion of team-based care).
- Although MO WISEWOMAN includes an activity to provide training and technical assistance to support clinical referrals to HBSS, there is no activity proposed to ensure increasing patient participation and completion of HBSS, once referred.
- Some activity start and end dates reflect the entire year three, making it difficult to assess progress. Other end dates listed reflect a time period after the end of year three (e.g., 09/30/2021, 12/31/2021).

Core Component

Recommendations on Activities:

- It is recommended that the recipient:
 - reassess and revise activities to clearly align with the strategy under which they are proposed, ensure they directly relate to the performance measures associated with each of the three strategies, and that they support improvement of the performance measures over time.
 - add activities that demonstrate a progression of the program throughout year three based upon planned completion of a proposed activity in the first half of year three.
 - add an additional activity under Strategy 3 focusing on technical assistance for providers on identification of and addressing barriers to patient participation and completion of HBSS.
 - review activity start and end dates to ensure they are reflective of a feasible timeframe within year three and accurately represent expected completion of the activity.

Recommendations on Performance Measure Targets:

- The recipient submitted complete information for the year three performance measure targets. Please continue to work with CDC evaluators on possible refinements to the performance measure targets and supporting information.

Recommendations on the Evaluation and Performance Measurement Plan:

- The recipient submitted a draft year three evaluation plan. Please work with CDC evaluators to continue to refine the evaluation plan.

Research Determination

DP18-1816 is only for non-research activities supported by CDC. (For the definition of research, please see the CDC Web site at the following Internet address: <http://www.cdc.gov/od/ads/opspoll1.htm>)

- No research activities have been proposed.
- Research activities have been proposed but were disapproved/disallowed.