

1. DATE ISSUED MM/DD/YYYY 12/03/2018		1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA NO. 93.435 - Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 1 NU58DP006658-01-00 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NU58DP006658		5a. ACTION TYPE New	
6. PROJECT PERIOD MM/DD/YYYY From 09/30/2018		Through MM/DD/YYYY 09/29/2023	
7. BUDGET PERIOD MM/DD/YYYY From 11/30/2018		Through MM/DD/YYYY 09/29/2019	

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources**

1600 Clifton Road
Atlanta, GA 30329

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

8. TITLE OF PROJECT (OR PROGRAM)
Diabetes and Heart Disease & Stroke Prevent Programs-Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke

9a. GRANTEE NAME AND ADDRESS HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV 920 Wildwood Dr Community and Public Health-DUP Jefferson City, MO 65109-5796	9b. GRANTEE PROJECT DIRECTOR Mr. Steve Cramer 930 Wildwood Dr Jefferson City, MO 65109-5796 Phone: 5735222806
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10a. GRANTEE AUTHORIZING OFFICIAL Ms. Linda M. Cade 920 Wildwood Drive MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES Jefferson City, MO 65109-5796	10b. FEDERAL PROJECT OFFICER Mr. Robert Montierth 4770 Buford Hwy Atlanta, GA 30341-3717 Phone: 404.498.5378
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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) 1,600,000.00	
II Total project costs including grant funds and all other financial participation <input type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and WageS 95,410.00		c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits 50,566.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 1,600,000.00	
c. Total Personnel Costs 145,976.00		13. Total Federal Funds Awarded to Date for Project Period 1,600,000.00	
d. Equipment 0.00		14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies 960.00		YEAR	TOTAL DIRECT COSTS
f. Travel 7,860.00		a. 2	d. 5
g. Construction 0.00		b. 3	e. 6
h. Other 12,006.00		c. 4	f. 7
i. Contractual 1,402,106.00		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS → 1,568,908.00		a. DEDUCTION	
k. INDIRECT COSTS 31,092.00		b. ADDITIONAL COSTS	
l. TOTAL APPROVED BUDGET 1,600,000.00		c. MATCHING	
m. Federal Share 1,600,000.00		d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share 0.00		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
1600 Clifton Rd
Atlanta, GA 30333
Phone: 770-488-2917

17.OBJ CLASS 41.51	18a. VENDOR CODE [REDACTED]	18b. EIN [REDACTED]	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 9-93909TT	b. 19NU58DP006658	c. DP	d. \$1,404,371.00	e. 75-X-0948
22. a. 9-93909X8	b. 19NU58DP006658	c. DP	d. \$195,629.00	e. 75-X-0948
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 12/03/2018
GRANT NO. 1 NU58DP006658-01-00	

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

AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

1 NU58DP006658-01-00

1. Terms and Conditions
2. Summary Statement Category A
3. Summary Statement Category B

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, DP18-1817, entitled Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke, and application submitted July 6, 2018, 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 **\$1,600,000** is approved for the Year 01 budget period, which is November 30, 2018 through September 29, 2019. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

Category A

\$800,000

Category B

\$800,000

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.

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.

- Supporting recipients in implementing cooperative agreement requirements and meeting program outcomes;
- Providing technical assistance to revise annual work plans;
- Assisting recipients in advancing program activities to achieve project outcomes;
- Providing scientific subject matter expertise (e.g., engaging non-physician team members, implementing and sustaining the National Diabetes Prevention Program) and resources in support of the selected strategies;
- Collaborating with recipients to develop and implement rigorous evaluation plans that align with CDC evaluation activities;
- Providing technical assistance on recipients' evaluation and performance measurement plans;
- Providing technical assistance to define and operationalize performance measures;
- Using webinars and other social media for recipients and CDC to communicate and share tools and resources;

- Establishing learning communities to facilitate the sharing of information among recipients;
- 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;
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes;
- 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);
- Providing surveillance technical assistance and state-specific data collected by CDC;
- Providing technical expertise to other CDC programs and Federal agencies on how to interface with recipients;
- Translating and disseminating lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base; and
- Hosting a meeting/training during the first year of the project period and later in the project period (for a total of two meetings/trainings for recipients).

Additionally, CDC will:

- Ensure that recipients have access to expertise found throughout the National Center for Chronic Disease Prevention and Health Promotion.
- 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 recipient's 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.
- Create greater efficiencies and consistency across NCCDPHP programs. For example,
- 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.
- Joint training and technical assistance opportunities that help state health departments produce policies and programs that are more holistic.
- 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.

Summary 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, December 30, 2018, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By December 30, 2018 the recipient must submit a revised budget with a narrative justification. Also additional budget information for the following line

item:

Salaries and Wages: Provide the following information for the PD/PI: 1) name of staff member occupying the position, if available; 2) annual salary; 3) percentage of time budgeted for this program; 4) total months of salary budgeted; and 5) total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

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.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions: Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that

promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability

<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>.

Programmatic Restriction: Required Recipient Meeting: Recipients are required to attend the DP18-1817 meeting scheduled for March 2019 in Atlanta, Georgia. Key staff or contractors working on funded categories (Category A: Diabetes and/or Category B: Cardiovascular Disease) should plan to participate. If any recipient is not in compliance with this requirement of attending the three (3) day-two (2) night meeting, the approved travel budget associated with the training activities will not be allowed to be redirected into other line item activities, and the unobligated balance resulting from not attending the training activities, will not be allowed to be used in future budget periods.

Data Management Plan: CDC requires that mechanisms for, and cost of, public health data sharing be included in grants, cooperative agreements, and contracts. The cost of sharing or archiving public health data may also be included as part of the total budget requested for first-time or continuation awards. Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of generating or collecting public health data. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, privacy and confidentiality considerations, embargo issues). Recipients who fail to release public health data in a timely fashion will be subject to procedures normally used to address lack of compliance (for example, reduction in funding, restriction of funds, or award termination) consistent with 45 CFR 74.62 or other authorities as appropriate. For further information, please see: <https://www.cdc.gov/grants/additionalrequirements/ar-25.html> for revised AR-25.

Indirect Costs: Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 9, 2018, which calculates indirect costs as follows, a Fixed is approved at a rate of 21.30% of the base, which includes, direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2018 to June 30, 2019.

REPORTING REQUIREMENTS

Performance Progress and Monitoring: Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132 “Performance Progress and Monitoring Report”**, **Expiration Date 8/31/2019**. The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html> .

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is cumulative and must be submitted through GrantSolutions no later than 90 days after the end of the calendar quarter in which the budget period ends. The FFR for this budget period is due to the GMS/GMO by December 31, 2019. Reporting timeframe is September 30, 2018 through September 29, 2019.

The FFR should only include those funds authorized and disbursed during the timeframe

covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. All Federal reporting in PMS is unchanged.

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, the recipient is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

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:

Office of Grants Services
Office of Financial Resources (OFR)
Patricia French, Grants Management Officer/Specialist
Centers for Disease Control and Prevention
Office of Grants Services
2920 Brandywine Rd
Atlanta, GA 30341
Telephone: (770) 488-2849
Email: pff6@cdc.gov

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

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. All award funds must be tracked and reported separately.

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:

Office of Grants Services
Office of Financial Resources (OFR)
Patricia French, Grants Management Officer/Specialist
Centers for Disease Control and Prevention
Office of Grants Services
2920 Brandywine Rd, MS E09
Atlanta, GA 30341
Telephone: (770) 488-2849
Email: pff6@cdc.gov

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:

Rob Montierth, Project Officer
Centers for Disease Control and Prevention
Telephone: 404.498.5378
Email: nxv9@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NOA, 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:

Stephanie Latham, Grants Management Officer
Office of Financial Resources (OFR)
Office of Grants Services
Centers for Disease Control and Prevention
Office of Grants Services
2920 Brandywine Rd, MS E09
Atlanta, GA 30341
Telephone: (770) 488-2917
Email: fzv6@cdc.gov

National Center for Chronic Disease Prevention and Health Promotion
Notice of Funding Opportunity DP18-1817
Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke

Date Reviewed: October 23, 2018

Applicant Name: State of Missouri Department of Health & Senior Services

Application #: NU58DP2018006933

Category: Category A

Brief Summary of Application:

Summary of Project:

The applicant has proposed a five-member leadership team for this project (the “Alliance”). The core members of the Alliance include the Missouri Department of Health and Senior Services (DHHS), St. Louis Integrated Health Network, St. Louis County Department of Health, St. Louis City Department of Health, and the Missouri Primary Care Association. The Alliance seeks to improve the lives of people living in the St. Louis Metropolitan area, specifically those affected by diabetes. By focusing on designing, testing, and evaluating innovative approaches to reduce health disparities and chronic disease burden, the Alliance aims to optimize health and race equity across the region. Because the social determinants of health and trauma-informed care are essential factors in the path towards achieving equity, the Alliance is committed to infusing all program activities with a race equity, health equity, and trauma-informed lens.

There is significant need for a public health approach to chronic disease prevention and management in Missouri. Mortality rates from chronic diseases are higher in Missouri than the national average, and diabetes ranks as the 7th leading cause of death. Chronic diseases drive inequities in health status and access to care, as diabetes is more prevalent in racial minority or low-income populations. African-Americans have higher rates of diabetes compared to whites (13.8% vs 11.3%). In Missouri’s largest urban area, St. Louis, these substantial disparities are compounded by poverty.

The Alliance expressed a commitment to an inclusive project management approach, and will use evaluation results for continuous improvement. It proposes to implement selected diabetes-related strategies in the target population area (St. Louis City and St. Louis County), with emphasis on the federally-designated Promise Zone. Selected coordinated innovations will (1) improve and increase referrals to evidenced-based self-management/prevention programs; (2) increase use of community health workers; (3) utilize telehealth and mobile tools; and (4) increase identification of at-risk patients by community health centers.

Reviewers’ Comments on Approach

Strengths of Section:

- The applicant demonstrated knowledge and understanding of its identified target population in a number of ways: geographically, epidemiologically, and by health, social, and psychological risk.

- The applicant proposed an Alliance comprised of five core public health and medical organizations [Missouri Department of Health and Senior Services (DHSS), St. Louis County Department of Health, St. Louis City Department of Health, Missouri Primary Care Association, and the St. Louis Integrated Health Network], bringing a variety of experience and expertise to the project.
- The applicant proposed to focus its efforts on the St. Louis “Promise Zone,” a high burden area comprised of 30 neighborhoods in the city and county of St. Louis, and provided data to describe how the target area is disproportionately affected by type 2 diabetes and prediabetes.
- The applicant’s strategic approach and activities are intended to be mutually reinforcing for both diabetes management and type 2 diabetes prevention and cardiovascular disease prevention.
- The applicant proposed 12 creative “innovation clusters”, or areas of focus/concentration, that are intended to cultivate, design, test, and evaluate innovations. Tech-enabled referral systems and gamification are two examples of these innovation clusters.

Weaknesses of Section:

- The applicant did not provide a letter of support or memorandum of understanding from one of the five key organizations that make up the Alliance, the St. Louis Integrated Health Network. Additionally, the applicant did not submit letters of support from any specific diabetes partners outside of the Alliance.
- The applicant did not clearly identify the leadership organization within the Alliance that will be responsible for overall project management and oversight.
- The applicant’s work plan included many ongoing activities of the organizations named in the application, rather than new/original activities.
- The applicant did not clearly identify which partners will coordinate and support which activities.
- The applicant did not clearly align individual activities to the NOFO strategies. Although the concept of innovation clusters is creative, it led to some confusion regarding connecting proposed activities to the selected strategies.
- The applicant did not clearly demonstrate its potential to impact large numbers of adults in the jurisdictions, or indicate how the activities proposed will reduce health disparities and improve social determinants of health.

Recommendations for Section:

- The applicant should obtain a letter of support or memorandum of understanding from the St. Louis Integrated Health Network, as well as from the other key diabetes partners.
- The applicant should clearly identify the leadership organization within the Alliance that will be responsible for overall project management and oversight.
- The applicant should consider new/original activities for this NOFO instead of focusing on ongoing activities of the organizations named in the innovation clusters.
- The applicant should clearly identify which partners will coordinate and support which activities.
- The applicant should ensure that individual activities are aligned to the NOFO strategies selected.

- The applicant should clearly describe its ability to impact large numbers of adults in the jurisdictions, and indicate how the activities proposed will reduce health disparities and improve social determinants of health.

Reviewers' Comments on Evaluation and Performance Measurement

Strengths of Section:

- The applicant indicated a commitment to using evaluation results to improve the quality and impact of the activities proposed.
- The applicant described plans to establish an Evaluation Advisory Committee with members who have expertise in both the clinical/population health aspects of type 2 diabetes and health equity, as well as experience with evaluation methods, data collection, and quality improvement processes.
- The applicant described plans to establish a "Strategic Evaluation Planning Process". This will provide transparency and ensure a participatory approach consistent with CDC's framework for Evaluation in Public Health.
- The applicant selected the Prevention Research Center (PRC) in St. Louis as its partner for evaluation services. The PRC is a partnership between the St. Louis University College of Public Health and Washington University Brown School of Social Work and is well suited to lead this key component of the applicant's work.
- The applicant has access to established data systems for assessing operations, reporting NOFO-required performance measures, and informing continuous quality improvement.
- The applicant described key evaluation questions, indicators, data sources, and data collection methods.
- The applicant described its initial data management plan (DMP).
- The applicant clearly specified that at least 10% of total funding will be allocated to support monitoring and evaluation, as required by the NOFO.

Weaknesses of Section:

- The applicant did not provide a CV or bio-sketch for the individual at the St. Louis County Department of Health who is designated as the Alliance Lead Evaluator. Additionally, it was difficult to assess the relevant experience of the Research Analyst III at DHSS who will be responsible data synthesis, analysis, and reporting due to the sparsity of relevant publications/reports listed.
- The applicant did not clearly align short-term performance measures A.5 and A.6 with the relevant strategies and activities.
- The applicant did not provide a systematic evaluation plan draft; hence a clear picture was not available of what would be evaluated, specifically, and how the evaluation would take place.
- The applicant did not describe how the evaluation will address innovative activities and add to the evidence base.
- The applicant did not provide details about the evaluation design that will be used to answer the evaluation questions. Two of the evaluation questions focus on the role of innovation in improving outcomes, but no information was provided about the use of comparison groups or other rigorous methods to determine the attribution of the "innovation."

- The applicant did not align its evaluation questions to the overarching questions posed by the NOFO, so it is unclear which of the applicant’s evaluation questions relate to the overarching questions.

Recommendations for Section:

- The applicant should provide a full, detailed CV or bio-sketch for the individual at the St. Louis County Department of Health who is designated as the Alliance Lead Evaluator, as well as for the Research Analyst III at DHSS.
- The applicant should clearly align short-term measures A.5 and A.6 with the relevant strategies and activities.
- The applicant should provide a systematic evaluation plan draft to provide a clear picture of what will be evaluated and how the evaluation will take place.
- The applicant should describe how evaluation will address innovative activities and add to the evidence base.
- The applicant should provide details about the evaluation design that will be used to answer the proposed evaluation questions, as well as information about the rigorous methods that will be used to determine the attribution of the innovation.
- The applicant should better align its evaluation questions to the overarching questions posed by the NOFO.

Reviewers’ Comments on Organizational Capacity to Implement the Approach

Strengths of Section:

- The Alliance lead member organization, the St. Louis County Department of Health, already leads two large scale projects in the Promise Zone that are similar in scope to this NOFO.
- The applicant’s work with two existing projects (ReCAST and RESTORE) is related to broad areas of health and wellness relevant to the area’s high risk population. Through this work, the applicant should be able to form and leverage resources and connections to maximize impact.
- The applicant described existing relationships with key partners, so the “ramp up” time for much of this early work in Year 1 should be abbreviated.
- The applicant described experience with health care systems, EHRs, and telehealth through current and previous work. Additionally, the applicant’s county department of health has a nationally recognized health equity training program, which may be relevant to or supportive of work conducted under this NOFO.

Weaknesses of Section:

- The applicant included limited information on the background and experience of its leadership team, which makes it difficult to judge the team’s prior experience and capacity to carry out this work.
- The applicant did not describe any specific experience providing prior technical assistance related to diabetes programs.
- The applicant did not clearly define the roles and responsibilities of each Alliance organization, which makes it difficult to determine its readiness to implement the approach proposed.

Recommendations for Section:

- The applicant should include additional information describing the experience and expertise of its leadership team, and ensure those in leadership positions have relevant experience.
- The applicant should describe any specific prior experience providing technical assistance related to diabetes programs.
- The applicant should clearly define the roles and responsibilities of each Alliance organization in carrying out the work proposed.

Reviewers' Comments on Budget and Budget Narrative

Strengths of Section:

- The applicant exceeded the recommended 10% allocation of funds to support evaluation activities. Its Year 1 budget allocates 21.6% of the total expenditures for evaluation.
- The applicant provided a balanced budget that appears to align with the proposed work plan and adheres to CDC fiscal policy.

Weaknesses of Section:

- The applicant did not include all of the required elements for contractual budget items, such as period of performance.

Recommendations for Section:

- The applicant should provide all of the required elements for contractual budget items.

National Center for Chronic Disease Prevention and Health Promotion
Notice of Funding Opportunity DP18-1817
Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and
Heart Disease and Stroke

Date Reviewed: October 23,, 2018

Applicant Name: State of Missouri Department of Health & Senior Services

Application #: NU58DP2018006933

Category: Category B

Brief Summary of Application:

Summary of Project:

Built and led by collaboration among five public health and medical care organizations, the applicant requests DP18-1817 Category B funding to improve the lives of people living in the St. Louis Metropolitan area, specifically those affected by cardiovascular disease (CVD). By focusing on designing, testing, and evaluating innovative approaches towards reducing health disparities and the burden of chronic disease, the applicant proposes to optimize health and race equity across the region. The applicant states that because the social determinants of health and trauma-informed care are essential factors in the path towards achieving equity, it is committed to infusing all program activities with a race equity, health equity, and trauma-informed lens. The five core members of the applicant's leadership team are Missouri Department of Health and Senior Services, St. Louis Integrated Health Network, Saint Louis County Department of Health, St. Louis City Department of Health and Missouri Primary Care Association.

The applicant states it has leadership with the capacity to affect change in the St. Louis region. It describes a foundation for health equity and trauma-informed approaches, built through a history of community engagement and planning, such as Forward Through Ferguson, St. Louis Regional Partnership for a Healthy Community, and St. Louis ReCAST.

The applicant states it has access to local expertise and established data sources that will permit rigorous evaluation and CDC-required performance reporting. The applicant is committed to an inclusive project management approach and will use evaluation results for continuous improvement. With its experienced leadership team and network of collaborators, the applicant is prepared to implement the proposed activities and track progress toward short, intermediate and long-term goals.

Through DP18-1817 Category B funding, the applicant proposes to implement all eight Category B strategies in the target population area (St. Louis City and St. Louis County), with emphasis on the federally-designated Promise Zones. Selected coordinated innovations will (1) improve and increase referrals for evidenced-based self-management/lifestyle programs; (2) increase use of community health workers; (3) utilize the application of telehealth and mobile tools; and (4) increase identification of at-risk patients by community health centers. Strategies to achieve these goals include promoting team-based care, enhancing the role of pharmacists, coordinating referrals to nationally-recognized prevention and management programs, expanding data-driven quality improvement at community

health centers, and advocating for health plan coverage. All of this work is made possible by leveraging a well-established network of local, state, and national collaborators.

Reviewers' Comments on Approach

Strengths of Section:

- The applicant focused on high-burden populations in and around St. Louis.
- The applicant described how it will collaborate with CDC funded programs, other external programs in Missouri, and key partners.
- The applicant reported a strong listing of population health collaborators, many of which are organizations that are either CDC funded or externally funded.
- The applicant described that the Promise Zone federal-designation process was used to identify high burden of CVD and health disparities.
- The applicant indicated an intent to address health disparities across St. Louis region “via innovation.”
- The applicant demonstrated its keen knowledge and understanding of its identified target population in multiple ways including: geographically, epidemiologically, by health risk and by social and psychological risk.
- The applicant is well positioned to offer concrete CVD health prevention and care solutions and programs to advance the Ferguson Commission’s Forward through Ferguson, A Path towards Racial Equity.

Weaknesses of Section:

- The applicant did not clearly describe to which partners it will coordinate to support specific activities – especially project management and oversight.
- The applicant did not provide a detailed description of each of the leadership organizations that are proposed for collaboration.
- The applicant’s approach of innovation clusters aligned to 1817 strategies makes it somewhat difficult to understand specific activities and the extent of activities that will be implemented under each focused strategy of the NOFO.
- The applicant did not provide a baseline and targets for measures B3 and B4.

Recommendations for Section:

- The applicant should provide clear delegation of which of the core Alliance member organizations will support specific activities, including which will serve as the “backbone organization” for overall project management and oversight.
- The applicant should provide a clear description of each of the leadership organizations that are proposed for collaboration.
- The applicant should provide a narrative that more directly addresses the specific NOFO strategies that are being implemented and the outcomes to be accomplished from each strategy (i.e., anchor the work plan’s organization on the eight selected DP18-1817 strategies).
- The applicant should provide a baseline and targets for measures B3 and B4.

Reviewers' Comments on Evaluation and Performance Measurement

Strengths of Section:

- The applicant described overall evaluation design.
- The applicant clearly specified that a minimum of 10% of the total funding is allocated to monitoring and evaluation.
- The applicant has access to established data systems for assessing operations and reporting NOFO required performance measures.
- The applicant has demonstrated its ability (through the Prevention Research Center) to successfully conduct all evaluation and performance measurement functions.

Weaknesses of Section:

- The applicants proposed continuous quality improvement (CQI) section of the evaluation plan narrative is general in nature and does not describe any mechanisms or processes at the strategy level.
- The applicant did not present a systematic evaluation plan draft that starts with proposed applicant specific evaluation questions, proposed indicators, the data sources to be used for the indicators to answer the evaluation questions and the evaluation design to be used to answer the evaluation questions.
- The applicant's evaluation questions are not aligned to the overarching evaluation questions of the NOFO so it is not clear which applicant questions relate to which overarching questions.
- The applicant did not clearly describe how evaluation activities and services will be coordinated between the responsible parties/organizations.
- The applicant did not provide a CV or bio sketch to clearly define the experience and capacity of the individual designated as alliance lead evaluator.

Recommendations for Section:

- The applicant should describe processes, mechanisms and persons responsible for taking evaluation findings relevant to specific strategies and incorporating them into the next iteration of program implementation.
- The applicant should describe data sources in relation to evaluation questions to be answered and proposed indicators.
- The applicant should align evaluation questions to the overarching evaluation questions of the NOFO so it is clear which applicant questions relate to which overarching questions.
- The applicant should describe clearly how evaluation activities and services will be coordinated between the responsible parties/organizations.
- The applicant should submit full CV/resumes for key staff to determine their expertise and experience in evaluation.

Reviewers' Comments on Organizational Capacity to Implement the Approach

Strengths of Section:

- The applicant indicated that the St. Louis County Department of Health has a nationally recognized health equity training program and is implementing a plan to achieve health equity.
- The applicant has experience with planning and implementing programs at a jurisdiction-wide or systems level.

- The applicant has experience providing technical assistance for the strategies selected in the NOFO.
- The applicant, through its member organizations, is actively engaged in a number of projects that exemplify “cross-sector” and innovation work that will be critical to the purpose and goals of this NOFO.

Weaknesses of Section:

- The applicant provided limited information about Alliance leadership and the specific roles of each member.
- The applicant did not support CVs/Resumes for key staff.
- The applicant did not provide details for the capabilities for EHR use, decision support and telehealth capabilities in this section.

Recommendations for Section:

- The applicant should provide additional information about the organizational structure of the Alliance for implementation of strategies.
- The applicant should submit CVs/Resumes for key staff as part of the required documentation needed to determine/assess organizational capacity.
- The applicant should provide details of EHR use, decision support and telehealth capabilities.

Reviewers’ Comments on Budget and Budget Narrative

Strengths of Section:

- The applicant’s proposed budget appears to align with the proposed work plan.
- The applicant clearly specified that a minimum of 10% of the total funding is allocated to monitoring and evaluation.

Weaknesses of Section:

- The applicant has not provided all the required information for contractual budget items, such as period of performance.

Recommendations for Section:

- The applicant should complete all of the required information for contractual services in adherence to CDC fiscal policy.