1. DATE ISSUED *MM/DD/YYYY*
05/24/2019

1a. SUPERSEDES AWARD NOTICE dated
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO.
93.945 - Assistance Programs for Chronic Disease Prevention and Control

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 5 NU58DP006452-02-00
Formerly

5. TYPE OF AWARD
Other

4a. FAIN NU58DP006452

5a. ACTION TYPE Non-Competing Continuation

6. PROJECT PERIOD *MM/DD/YYYY*
From 07/01/2018 **Through** *MM/DD/YYYY* 06/30/2023

7. BUDGET PERIOD *MM/DD/YYYY*
From 07/01/2019 **Through** *MM/DD/YYYY* 06/30/2020

8. TITLE OF PROJECT (OR PROGRAM)
State Public Health Approaches to Addressing Arthritis

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)
301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

9a. GRANTEE NAME AND ADDRESS
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
920 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
Mr. Steve Cramer
930 Wildwood Dr
Jefferson City, MO 65109-5796
Phone: 5735222806

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
Ms. Michele Mercier
4770 Buford Hwy
S107-6
NCCDPHP/DPH/AEWB
Atlanta, GA 30341

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only		I
II Total project costs including grant funds and all other financial participation		
a. Salaries and WageS		8,246.00
b. Fringe Benefits		5,526.00
c. Total Personnel Costs		13,772.00
d. Equipment		0.00
e. Supplies		0.00
f. Travel		0.00
g. Construction		0.00
h. Other		339.00
i. Contractual		288,301.00
j. TOTAL DIRECT COSTS	302,412.00	
k. INDIRECT COSTS	2,933.00	
l. **TOTAL APPROVED BUDGET**	305,345.00	
m. Federal Share		305,345.00
n. Non-Federal Share		0.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	305,345.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. **AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION**	305,345.00
13. Total Federal Funds Awarded to Date for Project Period	594,850.00

14. RECOMMENDED FUTURE SUPPORT
(Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 3		d. 6	
b. 4		e. 7	
c. 5		f. 8	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH (Add / Deduct Option)
e. OTHER *(See REMARKS)*

e

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:
Merlin Williams
2960 Brandywine Rd
Mailstop E09
Atlanta, GA 30341-5509
Phone: 770-488-2851

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. 9-939ZREX	b. 18NU58DP006452	c. DP	d. $305,345.00	e. 75-19-0948
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

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

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
07/01/2018	06/30/2019	Annual	09/28/2019
07/01/2019	06/30/2020	Annual	09/28/2020
07/01/2020	06/30/2021	Annual	09/28/2021
07/01/2021	06/30/2022	Annual	09/28/2022
07/01/2022	06/30/2023	Annual	09/28/2023

AWARD ATTACHMENTS

Missouri Department of Health 5 NU58DP006452-02-00

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 DP18-1803, entitled State Public Health Approaches to Addressing Arthritis, and application dated 03/08/2019 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 $305,345 is approved for the Year 02 budget period, which is July 1, 2019 through June 30, 2020. 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.

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. CDC program support to recipients will help ensure the success of the cooperative agreement by:

- Collaborating across CDC divisions and programs to provide team based technical assistance to grantees.
- Engaging subject matter experts across relevant areas of expertise when needed.
- When feasible, project officers will strive to hold technical assistance calls with a team of experts from across the NCCDPHP portfolio who can assist states in areas (e.g., policy, communications, health systems, etc.) common to this program and one or more other programs.
- Jointly developing and/or disseminating resources and tools that focus on cross-cutting functions, settings, risk factors, conditions and diseases to ensure consistent messages and to meet grantee technical assistance needs.
- Planning joint site visits with other NCCDPHP programs, when possible. Collaborative site visits will include agenda items relevant to all included programs, as well as break out times for individual programs to meet with individual program staff.
- Ensuring that grantees know about the expertise available in the Division of Population Health and the process for how to access this expertise.

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, August 30, 2019, will cause delay in programmatic progress and will adversely affect the future funding of this project.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

- 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 guid ance on lobbying for CDC awardees.
- 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

Indirect Costs: Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 7, 2017**,** which calculates indirect costs as follows, a Provisional is approved at a rate of 21.30% of the base, which includes, direct salaries and wages excluding all fringe benefits The effective dates of this indirect cost rate are from July 1, 2019 to June 30, 2021.

REPORTING REQUIREMENTS

Annual Performance Reporting*:* 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 .

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
Keisha Thompson, Grants Management Specialist
Centers for Disease Control
Chronic Disease and Birth Defects Services Branch
2960 Brandywine Road
Atlanta, Georgia 30341
Email: dwt6@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. 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:
Keisha Thompson, Grants Management Specialist
Center for Disease Control and Prevention (CDC)
Office of Grants Services (OGS)
2960 Brandywine Road MS.E-01
Atlanta, GA 30341
Phone: 770-488-2681
Email: dwt6@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. Project Officer contact information is located on Page 1 of this NOA

Programmatic Contact:
Laura Whalen, Project Officer
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Highway NE, MS F-78
Atlanta, Georgia 30341
Phone: 770-488-5184
Email: leg6@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 information is located on Page 1 of this NOA.

GMO Contact:
Pamela Render, Grants Management Officer
Centers for Disease Control and Prevention
Office of Grants Services
2960 Brandywine Road
Atlanta, Georgia 30341
Telephone: 770-488-2712
Email: PRender@cdc.gov

GY2 Continuation Application Review Form

DIVISION: Population Health	PROGRAM: Arthritis (AEWB)
FISCAL YEAR: 2019	NOFO #: DP18-1803
NOFO TITLE: State Public Health Approaches to Addressing Arthritis	

RECIPIENT/GRANTEE:	Missouri Arthritis and Osteoporosis Program (MAOP)
APPLICATION NUMBER:	NU58DP006452
FUNDS REQUESTED/FUNDS RECOMMENDED:	$305,345
PROJECT OFFICER/REVIEWER'S NAME:	Michele Mercier
PROJECT OFFICER/REVIEWER'S SIGNATURE:	4/15/2019 X Michele M. Mercier Michele M. Mercier Project Officer Signed by: Michele M. Mercier -A
DATE:	March 29, 2019

GY2 CONTINUATION APPLICATION REVIEW FORM

SUMMARY

The Missouri Department of Health and Senior Services (MO DHSS) contracts with the University of Missouri-Columbia (UMC) to oversee the management and implementation of the Missouri Arthritis Program (MAOP) and its' activities.

GY2 activities will build upon GY1 efforts. In addition to capacity built during DP12-1210, MAOP worked with new and existing partners during GY1 of DP18-1803 to expand the dissemination/availability of CDSMP, WWE (GL and SD), and DSMP statewide by actively seeking out, supporting and encouraging the scaling up of evidence-based program implementation by delivery systems. MAOP also built upon foundational partnerships that provide access to large health care systems/providers to concentrate efforts around HCP counseling of patients about the benefits of physical activity (including walking) to manage arthritis symptoms, and referral of patients to arthritis-appropriate evidence-based programs. Similarly, MAOP has capitalized on partnerships with employers and employee health plans, as well as worksite wellness initiatives, with collective access to large employee bases to promote, offer and/or make referrals to AAEBIs (and DSMP). The increasing utilization of the (relatively) new COMPASS database and program locator functions, along with MAOP technical assistance and other forms of support provided to partners, are critical components that enhance all other efforts.

Rural, medically underserved populations continue to be the focus of efforts to address disparities. Based on findings from MO's 2015 Primary Care Needs Assessment of health status and healthcare access, HRSA's 2017 designation of medically underserved counties, and 2015 MO BRFSS data, the southeastern area of MO (aka, the *Bootheel*), is the geographic region identified for intensive efforts (other rural, medically underserved areas receive attention as well).

New activities proposed for GY2 include,

- partnering with Missouri's Diabetes Prevention Program to incorporate the WWE program into Health-e-Link, and recruiting HCPs to participate in a pilot of the bi-directional referral system in collaboration with NACDD and NRPA
- establishing cross-referrals between DMSP, NDPP and AAEBIs
- collaboration with pharmacies to promote, counsel and refer patients to AAEBIs
- making plans/preparations to promote wCDSMP in GY3

I. MAJOR STRENGTHS:	Strategic partnerships in key sectors, including public and private health insurers and health payors, public and private health care systems, health care providers, worksite wellness programs, large health networks/coalitions, senior service providers, and local health departments, among others. Partner highlights:

	• Missouri Area Agency on Aging Association (MA4)—access to AAAs throughout the state that are funded to provide CDSMP workshops; expertise engaging with insurers to provide members with access to evidence-based programs • University of Missouri (MU) Extension—providing CDSMP, DSMP and WWE throughout the state; access to the MO Telehealth Network (MTN) to deliver distance-based learning webinars to providers across the state • MO Consolidated Health Care Program (MCHCP)—providing coverage for state employees • MO HealthNet (MO Medicaid)—referring plan members • MO Council on Activity and Nutrition (MOCAN)—promoting CDC's Work@Health program to support MO employer workplace health efforts. Thirty organizations completed the initial training. In the next phase, worksites use CDC's worksite scorecard to assess availability/implementation of evidence-based health promotion interventions. MOCAN has committed to promoting the adoption of AAEBIs by these worksites. • Mississippi County Health Department (MCHD)—provides access to southeastern MO population; trains health educators in local public health agencies to counsel and refer clients; works closely with SEMO Health Network (FQHC) to establish process to counsel, refer and enroll patients into AAEBIs; provided funds for COMPASS • Regional Arthritis Centers (RACs)—the majority are located within large health systems and are able to leverage access to HCPs and enlist them to counsel and refer patients to evidence-based programs • MO Primary Care Association (MPCA)—provides access to FQHCs; supports establishing processes to counsel, refer and enroll patients into AAEBIs • MOSAIC Life Care (MLC)—offers AAEBIs to employees as part of Wellness Program • Mercy Hospital and MO Southwest Chronic Disease Coalition (SWCDC)—implement and/or refer to AAEBIs • Humana—large health plan; counsels and refers patients to AAEBIs Numerous commitments from healthcare partners to enhance work flow processes and utilize electronic medical records to provide counseling and referral to AAEBIs. Widespread availability of CDSMP and DSMP, along with expansion of WWE, both group-led and self-directed, across the state.

	Growing utilization of COMPASS database and program locator. In addition to the development of an AAEBI webinar in collaboration with MU's rural telehealth system (MTN), MAOP plans to offer CMEs as a low-cost incentive to encourage HCP participation.
II. MAJOR CONCERNS:	It appears that MAOP and the RACs are making notable inroads related to Strategy 2, engaging health care providers re: establishing counseling and referral processes. That said, it's not clear what approach is promoted. Is the emphasis on gaining buy-in provider-by-provider? Or is the emphasis on getting larger practices/clinics/systems to adopt counseling and referral across all providers? Measurable impact and sustained change are the aim. Toward that end, routine checks need to be in place to ensure that commitments made to engage in counseling and referral processes are effectively implemented and ongoing. Related to this, great emphasis is placed on referrals to AAEBIs, which is a strength, but equal attention should be placed on increasing HCP physical activity counseling for arthritis management given that BRFSS OM2 directly assesses this. Plans to add wCDSMP in GY3. At this point in time CDC considers wCDSMP an OSMI, and DSMP has already been identified as the OSMI supported by MAOP. That said, with adequate justification, including assurances that the total support for both DSMP and CPSMP will not exceed 10% of the budget and referrals will be made from the OSMIs to AAEBIs, this may be allowable. Other than WWE, which is a program and not a wide-scale initiative, no statewide or local walking initiatives are identified. Without broader approaches towards increasing physical activity and walking, it is unlikely that success will be attained in outcome measures associated with Strategy 3.
III. OTHER RELEVANT COMMENTS:	Often, the APR does not provide adequate detail for reader to fully grasp what is meant or entailed. Vague/general statements and lack of specificity impedes comprehension. For example, • The acronym *AAEBI* often seems to be used to refer to *both* CDSMP and DSMP, but DSMP is not an AAEBI; also, WWE *is* an AAEBI but it is not clear that WWE is included when the *AAEBI* acronym is used. Other times MAOP just states "leaders" and "courses" and leaves it to the reader to guess/infer which AAEBIs or OSMI are being referred to.

	• MAOP states that Humana will continue to counsel and refer patients through its existing network of *provider engagement staff*. What are *provider engagement staff*? What is the extent of potential patient reach? What does their counselling and referral process actually entail? • MAOP repeats verbiage from the original application and the six-month progress report in the GY2 continuation application, which is sometimes appropriate but at times the purpose/value is unclear and even confusing. For example, the original proposal includes a description of the Health Network of Missouri (HNM) (p.3). Essentially, six health systems in MO work together to improve access and better coordinate health care in the communities they serve. MAOP collaborates with two of the health systems (CRMC and UMHC) already, stating that CRMC has committed to advocating for AAEBI adoption among the network. On p.3 of the six-month progress report and p.4 of the GY2 continuation application the *verbatim* content is included. Yet it is not clear what the purpose of including this information is, as it is repeated with no update or further indication of what they will actually be doing or have done towards AAEBI adoption by the network members.
IV. MAJOR RECOMMENDATIONS:	*MAOP potentially has a great deal to contribute to the field of public health practice as it pertains to the realm of strengthening community-clinical linkages to address the burden of arthritis (and chronic diseases, by extension).* Thus, being able to demonstrate results empirically and effectively communicating findings is of great importance. Keep this in mind as you read the following recommendations, and consider collaborating with a University PRC or School of Public Health, and/or taking advantage of internal MO DHSS program evaluation and communication expertise to support these efforts. Developing effective *systems-based* approaches to increase healthcare provider counselling of adults with arthritis about the benefits of physical activity, including walking, for managing arthritis symptoms, as well as referring patients to AAEBIs, is at the heart of this NOFO. When trying to identify what works and what does not, it is important to strike a balance between a more free form, "scattershot approach" that casts a wide net vs a more intentional, focused approach. Structured, well-documented efforts need to be in place to get at quality lessons learned. Clearly documenting contextual factors is important, as is conducting systematic reviews of performance measures and indicators to

	identify areas for program improvement. It is important to consider whether, and what, changes should be made before continuing or replicating a particular course of action. Recommend being intentional about how this is to be undertaken, and devoting adequate time and resources. Strategically framing "offer/s" and "request/s"—that is, what an organization/entity has to offer, and what they need from partners—is critical when working to strengthen community-clinical linkages to improve health outcomes. How does MAOP, and the RACs by extension, frame offers and requests of health care providers, health care systems and health care plans? Along the same lines, what measures does MAOP have in place to ensure the accuracy, appropriateness and consistency of "counseling and referral" messages being conveyed to health care provider groups by partners/representatives on behalf of MAOP? Discuss with CDC and address in the next progress report. The following key questions should be addressed to better understand the process for physical activity counseling and referrals. Answering these questions can aid in establishing the foundation necessary to accomplish Strategy 2. ○ How will work flow processes be enhanced and/or electronic medical records utilized to provide counseling and referral to AAEBIs? Consider having partners develop a patient flow process to document how the referral process works. This will become an invaluable resource to determine what works best in different settings, especially if each referral system is tailored to each organization. ○ What methods will be used to identify people with arthritis? Note that stakeholders and partners need to agree on specific cut points and definitions for arthritis. ○ What prompts are in place to signal healthcare providers to counsel on physical activity? ○ How will provider awareness about the importance of recommending physical activity be accomplished? ○ What healthcare providers are being targeted to conduct counseling and referrals? Note that this activity is not limited to physicians. Counseling and referrals can be done by physicians, nurses, community health workers, physical therapists, etc. Broader approaches towards increasing physical activity and walking need to be employed for success in outcome measures associated with Strategy 3, beyond what will be achieved solely

	through WWE referral/participation. Specify plans and timeline to address this. Discuss plans to add wCDSMP in GY3 with CDC. Work with CDC PO to revise and resubmit workplan to ensure that: • meaning/purpose is clear • all activities are aligned with NOFO requirements • annual targets are adequate to attain project period outcome measures • appropriate milestones are in place for key activities • revisions are in alignment with Evaluation Plan

1. Project Narrative and Program Work Plan

A. Strategy 1: Disseminate AAEBIs and Leverage Other Self-Management Interventions

List Selected AAEBIs and Other Self-Management Intervention

- Chronic Disease Self-Management (CDSMP)
- Walk With Ease—Group (WWE—G)
- Walk With Ease—Self Directed (WWE-SD)
- Diabetes Self-Management Program (DSMP)
- Possibly Diabetes Prevention Program (DPP) (not clear based on narrative/work plan)
- Intend to add wCDSMP in GY3

Key Milestones (with some modifications made for clarity):

- 1.1 MO 5 year dissemination plan for AAEBIs posted to MAOP website, promoted by MA4 and MU Extension; marketed as part of MTN webinars
- 1.2-1a Additional AAEBI referral method in place with MCHCP for state employees
- 1.2-1b Additional AAEBI referral method in place with MOHealthNet for MO Medicaid plan members
- 1.2-2 Implementation of third party payment funding arrangement (based on original application)
- 1.2-3 Staff from ten Missouri worksite wellness programs trained as course leaders; AAEBI courses scheduled
- 1.2-5 Three CDSMP/DSMP leader trainings held
- 1.3-1 Patient referral process in place at five new healthcare provider clinics
- 1.4-1 Increased utilization of COMPASS for course scheduling and enrollment
- 1.4-2 HCP referral process to WWE established in e-Connect
- 1.5-1 Increased referrals to AAEBIs from LPHA and SEMO health educators in southeast region
- 1.5-2 At least 10 WWE-GL courses offered in rural southeast counties
- 1.6-1 Cross-referral process from DSMP to AAEBIs established
- 1.6-2 Increased DSMP reach numbers

Corresponding MO-specific Outcome Measures:

- MO-OM2: In year two, a 5% increase (from 2018-2019 baseline) in Missouri adults 18+ reached through arthritis-appropriate walking initiatives.
- MO-OM3: In year two, a 5% increase in the number of AAEBI courses (from 2018-2019 baseline) offered in Missouri.
- MO-OM4: In year two, a 10% increase in the number of Missouri adults 18+ participants reached (from 2018-2019 baseline) through AAEBIs courses offered in Missouri.
- MO-OM5: In year two, a 5% increase in the number of DSMP courses (from 2018-2019 baseline) offered in Missouri.

Strengths:	• Meaningful involvement of partners in key activities • Infrastructure established for widespread, ongoing AAEBI dissemination/availability through a variety of channels/delivery systems • Partnerships allow access to large percentages of the population that would benefit from engaging in appropriate physical activity and self-management education • Activities are aligned with NOFO intent

CONCERNS:	• Not clear if DPP is being proposed as an additional OSMI
	• It seems that MAOP is under the impression that wCDSMP is on the recommended or promising AAEBI list when it remains an OSMI
	• Without baselines for MO-specific outcome measures, unable to determine if proposed targets are adequate/appropriate
	• Unable to determine if more than 10% of budget goes towards OSMI support (DSMP, possibly DPP, and wCDSMP), as the funds that support DSMP are incorporated into MAOP program manager salary (can't determine amount of time program manager expends related to DSMP), reported as combined leader trainings with CDSMP, and rolled into over-arching contracts with RACs (can't tease out).
	• Activity 1.2-2 in work plan is to "implement innovative funding arrangements, in partnership with MA4, including collaborations with at least one sustainability partner." The corresponding milestone is "WWE inclusion on MLC Work Well menu of programs, increased WWE reach in northwest MO."
	  • As written, reader cannot ascertain the meaning of the proposed activity
	  • No obvious connection between the activity and the milestone
	  • According to GY1 6 month progress report, MLC already added WWE to their worksite wellness program in July 2018 (see first bullet under **Successes** on p. 7)

RECOMMENDATIONS:	• Clarify if/how DPP is being/will be supported by MAOP • Discuss plans to add wCDSMP with PO and under what circumstances that will be approved • Address availability of baseline measures • Address concerns related to OSMI support • Review and revise work plan in collaboration with PO

B. STRATEGY 2: COUNSEL AND REFER PATIENTS TO INCREASE PHYSICAL ACTIVITY

KEY MILESTONES (WITH SOME MODIFICATIONS MADE FOR CLARITY):

- 2.1-2 Referral processes established and documented in seven new physician offices
- 2.1-3 Two new health systems implement AAEBIs and establish provider referrals
- 2.1-4 Two new health systems add WWE to existing EMR referral process
- 2.1-5 One new FQHC adds AAEBIs to existing EMR referral process
- 2.2-3 Providers recruited and use E-Connect to make AAEBI referrals
- 2.3-1 CMEs available to HCPs participating in MTN AAEBI webinar series
- 2.3-2 Increased utilization of COMPASS to schedule course offerings and enroll participants
- 2.3-3 Three pharmacies begin referring customers to AAEBIs

CORRESPONDING MO-SPECIFIC OUTCOME MEASURES:

- MO-OM2: In year two, a 5% increase (from 2018-2019 baseline) in Missouri adults 18+ reached through arthritis-appropriate walking initiatives.
- MO-OM6: In year two, an increase of 7 healthcare providers that develop and/or enhance their workflow for referral to AAEBIs.

STRENGTHS:	• Extensive scope of activities to engage HCPs, health systems and pharmacists • Plans to offer CMEs as a low-cost incentive to encourage HCP participation in MTN (rural telehealth) AAEBI webinar series

CONCERNS:	• It appears that MAOP and the RACs are making notable inroads related to Strategy 2, engaging health care providers re: establishing counseling and referral processes. That said, it's not clear what approach is promoted. Is the emphasis on gaining buy-in provider-by-provider? Or is the emphasis on larger practices/clinics/systems adopting counseling and referral across all providers? • The milestones and outcome measures for Strategy 2 neglect physical activity counseling. Great emphasis is placed on referrals to AAEBIs, which is a strength, but equal attention should be placed on increasing HCP physical activity counseling for arthritis management given that BRFSS OM2 directly assesses this.
RECOMMENDATIONS:	• Measurable impact and sustained change re: HCP counseling and referral are the aim. Routine follow-ups should be in place to ensure that commitments made to engage in counseling and referral processes are effectively implemented and ongoing. To bring to scale, efforts should focus on employing a systems-based approach. • Milestones and MO-specific outcome measures for Strategy 2 should distinctly identify implementation of physical activity counseling by healthcare providers, not just establishing referral processes.

C. STRATEGY 3: PROMOTE AND INCREASE WALKING

KEY MILESTONES (WITH SOME MODIFICATIONS MADE FOR CLARITY):

- 3.1a Map of WWE programs available in state
- 3.2-1 Increased referrals to WWE from physician offices
- 3.2-2 List of safe walking spaces by county
- 3.2-3 Inclusion of WWE in four new worksite wellness programs
- 3.3-1A WWE promoted in MTN webinars

CORRESPONDING MO-SPECIFIC OUTCOME MEASURES:

- MO-OM2: In year two, a 5% increase (from 2018-2019 baseline) in Missouri adults 18+ reached through arthritis-appropriate walking initiatives.
- MO-OM6: In year two, an increase of 7 healthcare providers that develop and/or enhance their workflow for referral to AAEBIs.

STRENGTHS:	• Continued expansion of WWE GL and SD • Increasing sources of referrals to WWE GL and SD, including from LPHAs, HCPs, worksites, other AAEBI course instructors • MAOP collaboration with park & rec agencies delivering WWE (although it is not clear what MAOP is offering them)
CONCERNS:	• MAOP states that linkage of Missouri's state and local walking initiatives to WWE-G and WWE-SD programs is critical to intervention expansion, program sustainability and raising provider and consumer awareness of physical activity while addressing barriers of adults with arthritis. Yet, no other walking initiatives are identified/described.
RECOMMENDATIONS:	• Address how additional walking initiatives will be identified and engaged. • Elaborate on collaboration with park and rec agencies. How are they being engaged? What is being offered?

D. Strategy 4: Raise Awareness About Arthritis Burden and Management

Key Milestones (with some modifications made for clarity):

- 4.1 Promotion and dissemination of marketing and communication plan to key stakeholders/partners
- 4.3 MOA with DHSS BRFSS to ensure inclusion of arthritis questions
- 4.4 Dissemination of fact sheets, infographics, social media messages with 2019 BRFSS data

Corresponding MO-specific Outcome Measures:

- MO-OM7: By July 2020, report MO's Arthritis-related BRFSS outcomes and reach outcomes to increase public and professional awareness about the burden and management of arthritis.

Strengths:	• Support and guidance on plan development and promotion from the MO Arthritis Advisory Board (MAAB) and the Missouri Area Agency on Aging Association (MA4)
Concerns:	• None noted at this time
Recommendations:	• Share planned materials and messages with CDC for advance review

2. EVALUATION AND PERFORMANCE MANAGEMENT PLAN	
STRENGTHS:	For the most part, • appropriate milestones and performance measures (both process and outcome) are included • milestones and performance measures are aligned with work plan activities and objectives • evaluation measures are consistent with NOFO requirements and expectations • appropriate annual targets for required and optional outcome measures are identified Not more than 10% total support is proposed.
CONCERNS:	• Some minor errors are noted in the plan (for example, under Table 1 on p. 4 "cancer is referenced instead of "arthritis")
RECOMMENDATIONS:	• Review Evaluation Plan in collaboration with CDC PO to ensure alignment with revised workplan.
3. DATA MANAGEMENT PLAN	
STRENGTHS:	The submitted data management plan satisfactorily addresses the five required elements for the public health data to be generated by MAOP activities related to BRFSS, COMPASS, and focus group/key informant interviews (see Attachment C, found on pps.15-17 of the Evaluation Plan). 1. A description of the data to be collected or generated in the project 2. Standards to be used for collected or generated data 3. Mechanisms for, or limitations to, providing access to the data, including a description of provisions for the protection of privacy, security, property rights 4. Description of data standards and documentation accompanying release 5. Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified
CONCERNS:	• The proposed pilot with the MO DHSS Diabetes Program to implement Health-e-Link will generate public health data using CDC funds. However, it was not addressed in the DMP.
RECOMMENDATIONS:	• Given that a new public health data component will be added to the project in the coming year, an updated DMP needs to be submitted that addresses the Health-e-Link data
4. BUDGET	
COMMENTS:	• Overall, budget provides appropriate justification and is in-line with proposed objectives and activities. • No grantee meeting will be held in GY2 • Funds to support RAC and Advisory Board meeting costs may not be used for the purchase of food • The "Method of Selection" for the RACs does not describe how the entity to be contracted with was selected.
RECOMMENDATIONS:	Revise and resubmit budget to address the following items: • Redirect $1,470 currently allotted for out-of-state travel • Remove food from meeting costs • Revise the RAC "Method of Selection" contractual element