

1. DATE ISSUED MM/DD/YYYY 05/12/2020		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AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	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 NU58DP006452-03-00 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 06/30/2023	
7. BUDGET PERIOD MM/DD/YYYY From 07/01/2020		Through 06/30/2021	
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**

2939 Brandywine Road
Atlanta, GA 30341

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: 573-522-2806	
10a. GRANTEE AUTHORIZING OFFICIAL Ms. Marcia A Mahaney 920 Wildwood Drive Jefferson City, MO 65109-5796 Phone: 573-751-6014		10b. FEDERAL PROJECT OFFICER Laura Whalen 4770 Buford Highway Chamblee, GA 30341 Phone: 770-488-5184	

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) 305,345.00																			
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 8,324.00				c. Less Cumulative Prior Award(s) This Budget Period 0.00																			
b. Fringe Benefits 4,994.00				d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 305,345.00																			
c. Total Personnel Costs 13,318.00				13. Total Federal Funds Awarded to Date for Project Period 900,195.00																			
d. Equipment 0.00				14. RECOMMENDED FUTURE SUPPORT																			
e. Supplies 0.00				(Subject to the availability of funds and satisfactory progress of the project):																			
f. Travel 0.00				<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL DIRECT COSTS</th> <th>YEAR</th> <th>TOTAL DIRECT COSTS</th> </tr> </thead> <tbody> <tr> <td>a. 4</td> <td></td> <td>d. 7</td> <td></td> </tr> <tr> <td>b. 5</td> <td></td> <td>e. 8</td> <td></td> </tr> <tr> <td>c. 6</td> <td></td> <td>f. 9</td> <td></td> </tr> </tbody> </table>				YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS	a. 4		d. 7		b. 5		e. 8		c. 6		f. 9	
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a. 4		d. 7																					
b. 5		e. 8																					
c. 6		f. 9																					
g. Construction 0.00				15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:																			
h. Other 334.00				<table border="1"> <tr> <td>a. DEDUCTION</td> <td rowspan="5" style="text-align: center; vertical-align: middle;"><input type="checkbox"/> e</td> </tr> <tr> <td>b. ADDITIONAL COSTS</td> </tr> <tr> <td>c. MATCHING</td> </tr> <tr> <td>d. OTHER RESEARCH (Add / Deduct Option)</td> </tr> <tr> <td>e. OTHER (See REMARKS)</td> </tr> </table>				a. DEDUCTION	<input type="checkbox"/> e	b. ADDITIONAL COSTS	c. MATCHING	d. OTHER RESEARCH (Add / Deduct Option)	e. OTHER (See REMARKS)										
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c. MATCHING																							
d. OTHER RESEARCH (Add / Deduct Option)																							
e. OTHER (See REMARKS)																							
i. Contractual 288,843.00				16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:																			
j. TOTAL DIRECT COSTS → 302,495.00				<table border="1"> <tr> <td>a. The grant program legislation</td> </tr> <tr> <td>b. The grant program regulations.</td> </tr> <tr> <td>c. This award notice including terms and conditions, if any, noted below under REMARKS.</td> </tr> <tr> <td>d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.</td> </tr> </table>				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.												
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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.																							
k. INDIRECT COSTS 2,850.00				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.																			
l. TOTAL APPROVED BUDGET 305,345.00																							
m. Federal Share 305,345.00																							
n. Non-Federal Share 0.00																							

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL:

Pamela Render, Grants Management Officer
2920 Brandywine Road
Mailstop E09
Atlanta, GA 30341
Phone: 770-488-2712

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. 0-939ZREX	b. 18NU58DP006452	c. DP	d. \$305,345.00	e. 75-20-0948
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 05/12/2020
GRANT NO. 5 NU58DP006452-03-00	

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 05/12/2020
GRANT NO. 5 NU58DP006452-03-00	

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

AWARD ATTACHMENTS

Missouri Department of Health

5 NU58DP006452-03-00

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 DP18-1803, entitled State Public Health Approaches to Addressing Arthritis, and application dated February 26, 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 \$305,345.00 is approved for the Year 03 budget period, which is July 1, 2020 through June 30, 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 draw down and 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 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 1, 2020, will cause delay in programmatic progress and will adversely affect the future funding of this project.

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.

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 guidance 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 January 24, 2019 which calculates indirect costs as follows, a Provisional is approved at a rate of 21.40% of the base, which includes, direct salaries and wages include all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2020 to June 30, 2022.

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”,** (or **Expiration Date 10/31/2022.** 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
Branch 5 Supporting Chronic Diseases and Injury Prevention
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
Telephone: 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.

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: leq6@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:	Laura Whalen
PROJECT OFFICER/REVIEWER'S SIGNATURE:	<p>4/3/2020</p> <p>X <u>Laura G. Whalen</u></p> <p>Laura G. Whalen Project Officer Signed by: PIV</p>
DATE:	04/03/2020

GY3 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.

GY3 activities will build upon GY2 efforts. MAOP worked with new and existing partners during GY2 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). Use of COMPASS database and program locator functions have greatly increased in GY2, 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. HRSA's 2017 designation of medically underserved counties and 2015 MO BRFSS data identify the southeastern area of MO is the geographic region identified for intensive efforts (other rural, medically underserved areas receive attention as well).

New activities proposed for GY3 include,

- collaboration with pharmacies to promote, counsel and refer patients to AAEBIs
- use and promotion of wCDSMP with worksites as an OSMI

<p>I. MAJOR STRENGTHS:</p>	<p>1. Strategic partnerships in key sectors, including public (state) 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:</p> <ul style="list-style-type: none"> • 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
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	<p>Health Network (FQHC) to establish process to counsel, refer and enroll patients into AAEBIs; provided funds for COMPASS</p> <ul style="list-style-type: none"> • 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. Work with SEMO Health Network to use their EMR to refer adults with arthritis to AAEBIs begun in year 2 will continue into Year 3. • 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 <ol style="list-style-type: none"> 2. Numerous commitments from healthcare partners to enhance work-flow processes and utilize electronic medical records to provide counseling and referral to AAEBIs. 3. Widespread availability of CDSMP and the expansion of WWE, both group-led and self-directed, across the state. 4. Increased utilization of COMPASS database and program locator. 5. 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. <p>Click here to enter text.</p>
<p>II. MAJOR CONCERNS:</p>	<ol style="list-style-type: none"> 1. It appears that MAOP and the RACs are making notable inroads related to Strategy 2, engaging health care providers regarding the establishment of counseling and referral processes. The approach for the RACs in approaching HCPs is not currently clear. It is expected that with the completion of the 5-year dissemination plan for AAEBIs that includes cross-referrals, patient referral, reach expansion, program sustainability and ongoing marketing and recruitment the approach of the RACs to both HCPs and healthcare systems will be clarified 2. 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. 3. 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 will be allowable.

<p>III. OTHER RELEVANT COMMENTS:</p>	<p>Often, the year 3 work plan does not provide adequate detail for reader to fully grasp what is meant or entailed. Vague/general statements and lack of specificity impedes comprehension.</p> <p>Year 3 work plan and narrative should be revised and resubmitted addressing the following issues.</p> <ol style="list-style-type: none"> 1. The acronym <i>AAEBI</i> often seems to be used to refer to <i>both</i> CDSMP and DSMP, but DSMP is not an AAEBI; also, <i>WWE</i> is an AAEBI but it is not clear that <i>WWE</i> is included when the <i>AAEBI</i> acronym is used. Clarify language in year 3 work plan to specify which AAEBI is being referred to. 2. MAOP states that Humana will continue to counsel and refer patients through its existing network of <i>provider engagement staff</i>. Additional detail is needed on this partnership including: <ul style="list-style-type: none"> o Clarify what is meant by <i>provider engagement staff</i>. o What is the extent of potential patient reach? o What does Humana’s counselling and referral process actually entail? 3. Contract with University of Missouri includes \$20,000 for manuals and course books for leaders and participants in evidence-based courses for 650 people. These items are not justified in GY3 budget narrative and lack information on planned use, purpose of these items, and distribution methods.
<p>IV. MAJOR RECOMMENDATIONS:</p>	<ol style="list-style-type: none"> 1. Being able to demonstrate results empirically and effectively communicating findings is of great importance. 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 additional recommendations made below. 2. Developing effective <i>systems-based</i> approaches to increase healthcare provider counselling of adults with arthritis (AWA) 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. With the completion of the 5-year dissemination plan for AAEBIs (includes cross-referrals, patient referral, reach expansion, program sustainability and ongoing marketing and recruitment) and the 5-year plan to promote and expand Missouri walking initiatives a comprehensive and cohesive systems-based approach to increase counseling and referral of AWA to physical activity including walking and other AAEBIs should become clear. Both plans should be provided to CDC project officer when completed at the end of year 2. 3. MAOP should provide a justification of purchase of manuals and course books in updated budget narrative to include details on planned use, purpose of these items, and distribution methods <p>The year 3 work plan and narrative should be revised and resubmitted addressing the following issues:</p> <ol style="list-style-type: none"> 1. MAOP should provide a plan to approach health systems and healthcare providers for strategy 2 activities. Year 3 activities should include specific on if/how workflows will be undated to promote the counseling and referral of AWA to engage in physical activity including walking. 2. Broader approaches towards increasing physical activity and walking need to be employed for success in outcome measures associated with Strategy

	<p>3, beyond what will be achieved solely through WWE referral/participation. Specify plans and timeline to address this should be included in workplan and narrative.</p> <ol style="list-style-type: none"> 3. Additional details and justifications should be added on wCDSMP and continued support for DSMP in GY3. OSMI budget line item should be added to contracts to ensure that not more than 10% of the budget are spent on OSMI. A revised budget should be submitted with break out of manuals and course books by each AAEBI (CDSMP, WWE) and OSMI (DSMP and wCDSMP). 4. All activities are aligned with NOFO requirements 5. Annual targets are adequate to attain project period outcome measures 6. Appropriate milestones are in place for key activities 7. All revisions are in alignment with Evaluation Plan
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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

AAEBI

- Chronic Disease Self-Management (CDSMP)
- Walk With Ease—Group (WWE—G)
- Walk With Ease—Self Directed (WWE-SD)

OSMI

- Diabetes Self-Management Program (DSMP)
- wCDSMP

KEY MILESTONES (WITH SOME MODIFICATIONS MADE FOR CLARITY):

- 1.1 MO complete 5 year dissemination plan for AAEBIs posted to MAOP website, promoted by MA4 and MU Extension; marketed as part of MTN webinars
- 1.2-2 One additional referral method in place with MCHCP and MO HealthNet member referrals to AAEBIs
- 1.2-3 Implementation innovative funding arrangements with University of Missouri and MU Extension
- 1.2-4 Train staff from two additional Missouri worksite wellness programs trained as course leaders; AAEBI courses scheduled
- 1.2-5 Retain 80% of trained leaders in CDSMP/DSMP to ensure regular scheduling of these courses
- 1.3-1 Provide AAEBI education and referral cards to 7 new healthcare provider clinics
- 1-3-2 Engage 14 MU extension course leaders to schedule AAEBIs in areas where direct patient referrals are occurring
- 1.4-1 Increased utilization of COMPASS for course scheduling and enrollment
- 1.5-1 Increased referrals to AAEBIs in one health system in the rural southeast region to counsel and refer to AAEBIs
- 1.5-2 Increase by 10% the WWE-GL courses offered in rural southeast counties
- 1.6-1 Create and track referral process from DSMP to other AAEBIs through Compass
- 1.6-2 Cross train 2 master trainers for wCDSMP and train at least 10 wCDSMP leaders
- 1.7-1 Retain 80% of DSMP and wCDSMP leaders to offer regular course schedule

CORRESPONDING MO-SPECIFIC OUTCOME MEASURES:

<ul style="list-style-type: none"> • MO-OM2: In year three, a 5% increase (from 2019-2020 baseline) in Missouri adults 18+ reached AAEBI provider referrals • MO-OM3: In year three, a 5% increase in the number of AAEBI courses (from 2019-2020 baseline) offered in Missouri. • MO-OM4: In year three, a 10% increase in the number of Missouri adults 18+ participants reached (from 2019-2020 baseline) through AAEBIs courses offered in Missouri. • MO-OM5: In year two, a 5% increase in the number of DSMP courses (from 2019-2020 baseline) offered in Missouri. 	
<p>STRENGTHS:</p>	<ol style="list-style-type: none"> 1. Meaningful involvement of partners in key activities 2. Infrastructure established for widespread, ongoing AAEBI dissemination/availability through a variety of channels/delivery systems 3. Partnerships allow access to large percentages of the population that would benefit from engaging in appropriate physical activity and self-management education 4. Activities are aligned with NOFO intent
<p>CONCERNS:</p>	<ol style="list-style-type: none"> 1. A change in the state-based MO-OM2 was noted between GY2 and GY3. 2. Without baselines for MO-specific outcome measures, unable to determine if proposed targets are adequate/appropriate. 3. It seems that MAOP is under the impression that wCDSMP is on the recommended or promising AAEBI list when it remains an OSMI. Additional details and justifications should be added on wCDSMP and continued support for DSMP are not provided in year 3 workplan and narrative. 4. Unable to determine if more than 10% of budget goes towards OSMI support (DSMP and wCDSMP), as the funds that support DSMP are incorporated into MAOP program manager salary and reported as combined leader trainings with CDSMP and rolled into over-arching contracts with RACs. 5. No milestone or indicator is included to monitor progress to expanding access to AAEBIs statewide through outreach to major health systems, public and private employers, or healthcare insurance providers.
<p>RECOMMENDATIONS:</p>	<p>The year 3 work plan, narrative, and budget narrative should be revised and resubmitted addressing the following issues:</p> <ol style="list-style-type: none"> 1. Clarify what the MO-OM2 will be measuring an increase referrals to arthritis appropriate walking initiatives (GY2) OR increase in referrals to AAEBIs through provider referrals (GY3). 2. Address availability of baseline measures. Consider using 2015 BRFSS data as baseline. 3. Add detailed justifications on reasons to include wCDSMP and continued support for DSMP in GY3 narrative. 4. SMI budget line item should be added to contracts to ensure that not more than 10% of the budget are spent on OSMI. A revised budget should be submitted with break out of manuals and course books by each AAEBI (CDSMP, WWE) and OSMI (DSMP and wCDSMP). 5. Add a milestone or indicator to monitor progress to expanding access to AAEBIs statewide through outreach to major health systems, public and private employers, or healthcare insurance providers.

B. STRATEGY 2: COUNSEL AND REFER PATIENTS TO INCREASE PHYSICAL ACTIVITY	
<p>KEY MILESTONES (WITH SOME MODIFICATIONS MADE FOR CLARITY):</p> <ul style="list-style-type: none"> • 2.1-2 Referral processes established and documented in one new healthcare provider to AAEBI in northeast, eastern, or southeast region of state • 2.1-3 Two new community-based organizations (AARP and AHA) implement AAEBIs referrals • 2.2-1 Conduct 2nd series of webinars with HCPs to counsel and refer AWA to AAEBIs • 2.3-1 CMEs available to HCPs participating in MTN AAEBI webinar series • 2.3-2 Three pharmacies begin referring customers to AAEBIs • 2.3-3 Increased Saint Louis region AAEBI participation by 10% via partnership with Community Health in Partnership (CHIP) • 2.3-4 Post all AAEBI courses offered in southeast MO to MPOWER website for course promotion to rural counties in this region. <p>CORRESPONDING MO-SPECIFIC OUTCOME MEASURES:</p> <ul style="list-style-type: none"> • MO-OM2: In year three, a 5% increase (from 2019-2020 baseline) in Missouri adults 18+ reached AAEBI provider referrals • MO-OM6: In year three, an increase of 3 pharmacy providers that develop and/enhance workflow for referral to AAEBIs 	
STRENGTHS:	<ol style="list-style-type: none"> 1. Extends scope GY3 activities to engage HCPs, health systems and pharmacists 2. Plans to offer CMEs as a low-cost incentive to encourage HCP participation in MTN (rural telehealth) AAEBI webinar series
CONCERNS:	<ol style="list-style-type: none"> 1. Year 3 work plan, Strategy 2 does not have an activity for increasing <u>health care systems</u> modifying workflows to provide referrals to AAEBIs. Project narrative states that 3 new healthcare systems will be recruited of this activity in GY3 from the northeast, southeast, and Saint Louis Area (p.4). 2. it is unclear what approach is promoted with the HCP by the RACs to increase counseling and referral to physical activity among AWA. <ol style="list-style-type: none"> a. Is the emphasis on gaining buy-in provider-by-provider? b. Or is the emphasis on larger practices/clinics/systems adopting counseling and referral across all providers? 3. The milestones and outcome measures for Strategy 2 neglect physical activity counseling. Equal attention should be placed on increasing HCP physical activity counseling for arthritis management given that BRFS OM2 directly assesses this. 4. Measurable impact and sustained change regarding HCP counseling and referral are the goal strategy 2. 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.

<p>RECOMMENDATIONS:</p>	<p>The year 3 work plan and narrative should be revised and resubmitted addressing the following issues.</p> <ol style="list-style-type: none"> 1. Add additional milestone and activity to GY3 work plan to increase <u>healthcare systems</u> to modify workflows and provide referrals to AAEBIs 2. Provide additional information and activities on the approach promoted with the HCP by the RACs to increase counseling and referral to physical activity among AWA. 3. Add milestones and MO-specific outcome measures for Strategy 2 to distinctly identify implementation of physical activity counseling by healthcare providers. 4. Provide additional information on routine follow-ups in place to ensure that commitments made to engage in counseling and referral processes are effectively implemented and ongoing.
<p>C. STRATEGY 3: PROMOTE AND INCREASE WALKING</p>	
<p>KEY MILESTONES (WITH SOME MODIFICATIONS MADE FOR CLARITY):</p> <ul style="list-style-type: none"> • 3.1-1 Map of WWE programs available in state • 3.2-1 Increased referrals to WWE-G and WWE-SD from 7 new physician offices • 3.2-2 List of safe walking spaces by county • 3.2-3 5 new partnering agencies or city offices to identify safe and accessible public exercise space to hold WWE-G and WWE-SD • 3.2-4 Offer WWE (G and SD) through funded NRPA Health Aging in Parks Instructor Training Grants for Physical Activity • 3.2-5 Inclusion of WWE in four new worksite wellness programs • 3.3-1A WWE promoted in MTN webinars <p>CORRESPONDING MO-SPECIFIC OUTCOME MEASURES:</p> <ul style="list-style-type: none"> • MO-OM2: In year three, a 5% increase (from 2018-2019 baseline) in Missouri adults 18+ reached through arthritis-appropriate walking initiatives. • MO-OM6: In year three, an increase of 3 pharmacy providers that develop and/or enhance their workflow for referral to AAEBIs. 	
<p>STRENGTHS:</p>	<ol style="list-style-type: none"> 1. Continued expansion of WWE GL and SD 2. Increasing sources of referrals to WWE GL and SD, including from LPHAs, HCPs, worksites, other AAEBI course instructors 3. MAOP collaboration with park & rec agencies delivering WWE (although it is not clear what MAOP is offering them)
<p>CONCERNS:</p>	<ol style="list-style-type: none"> 1. 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.
<p>RECOMMENDATIONS:</p>	<p>Year 3 work plan and narrative should be revised and resubmitted addressing the following issues.</p> <ol style="list-style-type: none"> 1. How additional walking initiatives (beyond WWE) will be identified and engaged in GY3 and beyond.

	<ol style="list-style-type: none"> 2. Elaborate on collaboration with park and rec agencies. How are they being engaged? What is being offered? 3. Add additional potential partners to be approached regarding walking initiatives.
D. STRATEGY 4: RAISE AWARENESS ABOUT ARTHRITIS BURDEN AND MANAGEMENT	
<p>KEY MILESTONES (WITH SOME MODIFICATIONS MADE FOR CLARITY):</p> <ul style="list-style-type: none"> • 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 <p>CORRESPONDING MO-SPECIFIC OUTCOME MEASURES:</p> <ul style="list-style-type: none"> • MO-OM7: By December 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:	<ol style="list-style-type: none"> 1. Dissemination of NOFO and state identified outcome measures to key stakeholders, partners, HCPs, DHSS and others from 2019 BRFSS
CONCERNS:	<ol style="list-style-type: none"> 2. No materials or messages (fact sheets, infographics, social media messages) have been developed or promoted for strategy 4 as of the middle of year 2. 3. Dissemination plan for arthritis burden data and program progress to partners, AWA, and RACs will not be completed till the end of year 2.
RECOMMENDATIONS:	<ol style="list-style-type: none"> 1. Information on types and availability of AAEBIs, counseling and referring clients to AAEBIs, the benefits of physical activity including walking on arthritis symptoms should all be developed and deployed in the remainder of GY2. 2. MAOP should use arthritis burden data (2018 BRFSS) plus other arthritis data to educate stakeholders, partners, and adults with arthritis about the arthritis burden in Virginia. Using visual data (such as maps) is a good way to quickly present data both at a statewide and regional level. Use of Facebook, twitter, and other social media platforms in addition to the arthritis website to disseminate information on arthritis are encouraged. MAOP staff should consult the CDC arthritis communications center page (https://www.cdc.gov/arthritis/communications/index.htm) for free images, messages, and other sample materials that can be used in education campaigns. 3. The dissemination plan should include major messages to be distributed, method of distribution, ways to monitor the uptake of messages, and intended audience. Final dissemination plan should be provided to CDC project officer. 4. Should results of 2019 BRFSS and state outcome measures indicate that activities be added or removed from the annual work plan, work with Project Officer to revise and resubmit work plan.

1. EVALUATION AND PERFORMANCE MANAGEMENT PLAN	
STRENGTHS:	<p>appropriate milestones and performance measures (both process and outcome) are included</p> <ol style="list-style-type: none"> 1. Milestones and performance measures are aligned with work plan activities and objectives 2. Evaluation measures are consistent with NOFO requirements and expectations 3. Appropriate annual targets for required and optional outcome measures are identified
CONCERNS:	<ol style="list-style-type: none"> 1. Intermediate outcomes listed in Attachment A - Logic Model indicate a 2% change in NOFO outcome measures (OM2, OM4, OM5), but the GY3 work plan indicates a 1% change. 2. Attachment B - Evaluation Plan the analysis timeframe for process and outcome measures are listed between June – August 2021. Per the progress report, the arthritis survey items from the 2019 BRFSS data will be available in the spring of 2020. Analysis is planned for 2019 BRFSS data and with reporting to be done in early GY3.
RECOMMENDATIONS:	<p>The evaluation plan should be revised and resubmitted to address the following issues.</p> <ol style="list-style-type: none"> 1. Review Evaluation Plan to ensure alignment with revised workplan. 2. Clarify the amount of targeted change expected to be measured for NOFO OM2, OM4, and OM5 and make corresponding changes to evaluation plan and GY3 work plan as appropriate. 3. Update Attachment B - Evaluation Plan data analysis timeframe to match the GY3 work plan.
2. DATA MANAGEMENT PLAN	
STRENGTHS:	No change in data management plan for GY3. Data Management Plan from GY2 covers all data collection in GY3.
CONCERNS:	<ul style="list-style-type: none"> • None
RECOMMENDATIONS:	<ul style="list-style-type: none"> • None