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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES

Jeffrey A. Meyers  
Commissioner

Lisa M. Morris  
Director

29 HAZEN DRIVE, CONCORD, NH 03301  
603-271-4524 1-800-852-3345 Ext. 4524  
Fax: 603-271-8705 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

September 28, 2018

The Honorable Neal M. Kurk, Chairman  
Fiscal Committee of the General Court, and

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

*[Signature]*  
Approved by Fiscal Committee 10/1/18  
Date

**REQUESTED ACTION**

Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Chronic Disease Prevention and Screening Section to accept and expend federal funds in the amount of \$289,505 from the Centers for Disease Control and Prevention (CDC) to fund the Arthritis Program effective upon date of approval by the Fiscal Committee and Governor and Council, through June 30, 2019, and further authorize the funds to be allocated as follows. Grant funds awarded for periods after SFY 2019 will be included in the operating budgets for SFY 2020 and SFY 2021. 100% Federal Funds.

05-95-90-902010-7046 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, ARTHRITIS

SFY 2019

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
Revenue				
000-400146	Federal Funds	\$0	\$289,505	\$289,505
Total Revenue		\$0	\$289,505	\$289,505

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
<b>Expenses</b>				
020-500200	Current Expenses	\$0	\$7,238	\$7,238
037-500174	Technology - Hardware	\$0	\$2,500	\$2,500
038-500175	Technology - Software	\$0	\$500	\$500
039-500188	Telecommunications	\$0	\$1,031	\$1,031
041-500801	Audit Funds Set Aside	\$0	\$290	\$290
070-500709	In State Travel Reimbursement	\$0	\$164	\$164
080-500719	Out-of-State Travel Reimbursement	\$0	\$3,201	\$3,201
102-500731	Contracts for Program Services	\$0	\$274,581	\$274,581
<b>Total Expenses</b>		<b>\$0</b>	<b>\$289,505</b>	<b>\$289,505</b>

**EXPLANATION**

The State Public Health Approaches to Addressing Arthritis grant is a competitive federal grant, provided by the Centers for Disease Control and Prevention (CDC) that is intended to help New Hampshire increase accessibility to physical activity programs and self-management education programs for New Hampshire adults with arthritis to help them reduce or manage the pain and limitations associated with the condition.

The grant will provide funding to create Walk with Ease programs, allow healthcare providers to more easily refer patients with arthritis and diabetes/prediabetes to Walk with Ease and National Diabetes Prevention Programs, increase awareness of the burden of arthritis in New Hampshire, and to promote walking throughout the state. The Walk with Ease program is a arthritis-approved evidence-based intervention that is available in just a few locations throughout the state, but the grant funding will allow for more programs to be created and will establish a self-directed program for those residents that prefer to not join a group program or that don't have a group program near them.

The grant funding will also be used to connect National Diabetes Prevention Programs in New Hampshire with Walk with Ease programs in order to provide more and better opportunities for New Hampshire adults that have both arthritis and prediabetes/diabetes to attend both programs.

A total of \$172,546 per year will be provided by the grant to a contractor in order to create additional Walk with Ease program opportunities and to create a referral system for health care providers in order for them to more easily refer patients with arthritis and diabetes/prediabetes to Walk with Ease and National Diabetes Prevention Programs located throughout the state.

Funds are budgeted for Current Expenses (Class 020) for purchase of office supplies, copying, and printing.

Funds are budgeted for Technology Hardware (Class 037) for the purchase of a new laptop.

Funds are budgeted for Technology Software (Class 038) for the purchase of Adobe Professional.

Funds are budgeted for Telecommunications (Class 039) for telephone costs.

Funds are budgeted for Audit Cost Set Aside (Class 041) per state requirements.

Funds are budgeted for In-State Travel (Class 070) to cover travel expenses staff incurs while performing their duties.

Funds are budgeted for Out-of-State Travel (Class 080) to cover travel expenses for meetings mandated by the funder, and for professional development.

Funds are budgeted in Contracts for Program Services (Class 102) to fund contracts to support promotion of arthritis-approved evidence-based interventions and professional development for healthcare professionals.

In response to the anticipated two-part question, "Can these funds be used to offset General Funds?" and "What is the compelling reason for not offsetting General Funds?" the Division offers the following information: These funds may not be used to offset General Funds as they are specifically granted to the State for the purpose of providing the services described above.

These funds will not change the program eligibility levels. No new program will be established with the acceptance of these funds. Funds will be used to expand on existing chronic disease programming to include a focus on arthritis-related disease self-management.


Area served: Statewide

Source of funds: These funds are 100% Federal from the Centers for Disease Control and Prevention (CDC) to fund the Arthritis Program. Attached is the Notice of Grant Award and award history. Notice of these funds was received on June 21, 2018. They were not added to the operating budget because these are new funds recently granted to the State and were not anticipated at the time the budget was developed.

In the event that these Federal funds become no longer available, General Funds will not be requested to support this program.

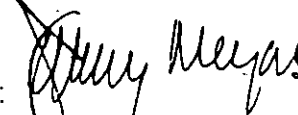
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Respectfully submitted,



Lisa Morris, MSSW  
Director

Approved by:



Jeffrey A. Meyers  
Commissioner

JAM/MAB/sjf

**AWARD HISTORY  
 ARTHRITIS GRANT  
 1NU58DP006448-01-00**

A	Arthritis Grant 1NU58DP006448-01-00	
B	Award Ending 6/30/2019	289,505
C	Expended through 6/30/18	-
D	Unobligated Balance Unable to Spend	<u>-</u>
E	Award Balance 7/1/18	\$ 289,505
F	SFY 19 Appropriation **	-
G	Balance Forward	<u>-</u>
H	Available to Accept in SFY 19	289,505
I	Amount Requested this Action	<u><u>289,505</u></u>

\*\* SFY 19 Appropriation

	010-090-70460000	Current	OYR	Total	This Action	Revised Budget
J	ARTHRITIS	-	-	-	289,505	289,505

1. DATE ISSUED MM/DD/YYYY 06/21/2018  
 2. CFDA NO. 93.945  
 3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Centers for Disease Control and Prevention  
 CDC Office of Financial Resources  
 2920 Brandywine Road  
 Atlanta, GA 30341

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

4. GRANT NO.  
 1 NU58DP006448-01-00  
 Formerly

5. ACTION TYPE  
 New

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

MM/DD/YYYY  
 Through 06/30/2019

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)  
 301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

7. BUDGET PERIOD MM/DD/YYYY  
 From 07/01/2018 Through 06/30/2019

MM/DD/YYYY  
 Through 06/30/2019

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

9a. GRANTEE NAME AND ADDRESS  
 HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF  
 29 Hazen Dr  
 DIVISION OF PUBLIC HEALTH  
 Concord, NH 03301-6510

9b. GRANTEE PROJECT DIRECTOR  
 Mrs. WHITNEY HAMMOND  
 29 HAZEN DR  
 CONCORD, NH 03301-6504  
 Phone: 603-271-4959

10a. GRANTEE AUTHORIZING OFFICIAL  
 Ms. Kira L. Hageman  
 29 Hazen Drive  
 Division of Public Health Services  
 Concord, NH 03301-3852  
 Phone: 603-271-4775

10b. FEDERAL PROJECT OFFICER  
 Michele Mercier  
 1600 Clifton Rd  
 Atlanta, GA 30333  
 Phone: 770-438-4112

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	
II Total project costs including grant funds and all other financial participation <input type="checkbox"/>	
a. Salaries and Wages	0.00
b. Fringe Benefits	0.00
c. Total Personnel Costs	0.00
d. Equipment	0.00
e. Supplies	0.00
f. Travel	0.00
g. Construction	0.00
h. Other	289,505.00
i. Contractual	0.00
j. TOTAL DIRECT COSTS	289,505.00
k. INDIRECT COSTS	0.00
l. TOTAL APPROVED BUDGET	289,505.00
m. Federal Share	289,505.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	289,505.00
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	289,505.00
13. Total Federal Funds Awarded to Date for Project Period	289,505.00

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. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

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)	<input checked="" type="checkbox"/>

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- The grant program legislation.
- The grant program regulations.
- This award notice including terms and conditions, if any, noted below under REMARKS.
- 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: Patricia French, Grants Management Officer

17. OBJ CLASS 41.51	18a. VENDOR CODE 1026000618B5	18b. EIN 026000618	19. DUNS 011040545	20. CONG. DIST. 02
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 8-9392REX	b. 18NU58DP006448	c. DP	d. \$289,505.00	e. 75-18-0948
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 06/21/2018
GRANT NO. 1 NU58DP006448-01-00	

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

HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF

1 NU58DP006448-01-00

1. Terms and Conditions
  2. Summary Statement
-



## 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 March 30, 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 \$289,505 is approved for the Year 01 budget period, which is July 1, 2018 through June 30, 2019. 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.

**Objective/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 15, 2018, will cause delay in programmatic progress and will adversely affect the future funding of this project.

**Budget Revision Requirement:** By August 15, 2018 the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

**Expanded Authority:** The recipient is not permitted the following expanded authority in the administration of the award.

#### **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:** The recipient's indirect costs are approved and based on a de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective July 1, 2018

#### **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.

**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](mailto: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](mailto: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](mailto: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.

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**CDC Staff Contacts**

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**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.

**Programmatic Contact:**

Michele Mercier, 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: 770-488-4112  
Email: zaf5@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:**

Grants Management Officer, Patricia French  
Centers for Disease Control  
Office of Grants Services  
2960 Brandywine Road  
Atlanta, Georgia 30341  
Telephone: 770-488-2849  
Email: PFrench@cdc.gov

[National Center for Chronic Disease Prevention and Health Promotion]  
Notice of Funding Opportunity [DP18-1803]  
[State Public Health Approaches to Addressing Arthritis]

**SUMMARY STATEMENT**

Date Reviewed: April 25, 2018

Applicant Name: New Hampshire Department of Health

Application #: NU58DP2018005901

Score: 91.33 of 100

**Brief Summary of Application:**

*Summary of Project:*

The New Hampshire Department of Health and Human Services Chronic Disease Section (CDS) is applying to implement strategies to increase access to the self-directed, group, and worksite Walk With Ease (WWE) programs, and the National Diabetes Prevention Program (NDPP) among State of New Hampshire employees, dependents and retirees who have arthritis and other chronic diseases in order to increase physical activity among this population. Additionally, this application seeks to increase referrals to all arthritis-appropriate evidence-based interventions (AAEBIs) available to New Hampshire residents through increasing health system and provider referrals. Lastly, CDS intends to raise awareness about the benefits of walking and physical activity for people with arthritis and other chronic diseases through use of surveillance data and promotion of AAEBI-specific success stories.

It is expected that through implementation of the selected strategies, a number of outcomes will be achieved by the project end date in 2023. The identified outcomes, and where available, the baseline measures and end targets for the project period are provided in a table. For measures with targets for all adults with arthritis and for the disparate population of adults with arthritis and prediabetes or diabetes, values are displayed as follows: adults with arthritis/ adults with arthritis and prediabetes or diabetes.

**Reviewers' Comments on Approach**

*Strengths of Section:*

- The applicant included a narrative and work plan that describe how the achievement of strategies 2, 3 & 4 (to increase counseling & referrals, promote walking, and raise awareness about the burden and management of arthritis) are expected to have statewide impact, achievable, appropriate to achieve the outcomes of the project, and evidence-based. (Pgs. 4-6, 9, 12-16)
- The overall strategy and activities are consistent with the CDC Project Description and logic model, and include a fairly detailed work-plan for year 1 and a high-level brief summary for years 2 - 5. For Strategy 1 (disseminate appropriate AAEBIs), NH expects to reach at least 2% of adults in the state. (Pgs. 3, 12-16).
- Sufficient background information and data is provided to illustrate context about the applicant-organization's level of access to adults with arthritis, relationships with key partners, and lines of authority for carrying out project activities. (Pgs. 1-3, 9-10, LOS).
- The work plan will be reviewed at least monthly to monitor program progress. (Pg. 7).
- Outcomes are consistent with the project period outcomes described in the CDC Project Description and logic model sections. (Pgs. 3-4, 12-16)
- Proposed activities are generally measurable, achievable, reasonable, time-phased, (SMART) and sufficient to achieve the outcomes of the project. (Pgs. 12-16).
- The applicant describes plans to develop and implement a 5-year dissemination plan for at least TWO interventions that follow instructions in Strategy 1 and Attachment 1 that are well integrated with the NOFO's four strategies (Walk with Ease – Group Led, Self-Directed, & Worksite, and the National Diabetes Prevention

Program) and will include cross referrals between interventions, use resources to refer patients to community programs, expand reach over the 5-year period, and institute ongoing marketing and recruitment. (Pgs. 4-5).

- Plans to collaborate with a variety of CDC-funded Programs, CDC-funded Organizations and Organizations not funded by CDC should result in increasing enrollment and availability of AAEBIs, access to walking programs, physical activity counseling and referrals to physical self-management programs. (Pgs. 6-7).
- As part of strategy 1, to implement WWE and NDPP among state employees, plans are to provide incentives for referrals and enrollment and to obtain sustainable financing, as needed. A partnership with a NH Health Benefits Committee, CDS staff, and Blue Cross/Blue Shield (BCBS) has allowed for reimbursement for NDPPs; plans are to shift focus to create a system that includes referrals to WWE and other EBIs statewide. (Pgs. 4-5).
- The applicant described the NH Department of Administrative Service (DAS) Risk Management Unit that administers the State Employee and Health Benefits plans. The State Employee Health Improvement Plan includes goals to increase physical activity and reduce the number of employees diagnosed with diabetes. Benefits are in place that address several chronic diseases and plans are to increase benefits, as needed, to address arthritis. (Pgs. 4-5).
- Counseling on physical activity and referrals for participation in EBIs will be achieved by partnering with BCBS and Integrated Delivery Networks (created to establish referral systems in response to New Hampshire's 1115 Medicaid Waiver to coordinate care for individuals across health systems and within the community) to leverage existing work. Based on provider and payer input, the Chronic Disease Section (CDS) will develop resources for referrals and program locations that will likely include a web-based program locator on the CDS website. (Pg. 5).
- Five letters of support—from the NH Department of Administrative Services (State Employee and Retirement Health Benefits Plan), the Arthritis Foundation, UNH Cooperative Extension, the Granite State Diabetes Educators, and the Governor's Council on Physical Activity and Health—indicated support for proposed strategies and activities. (LOS).
- Marketing initiatives are expected to be developed. To address strategy 1, marketing of both Programs (WWE and NDPP) will be informed by arthritis surveillance data from the Behavioral Risk Factor Surveillance System, the New Hampshire All-Payer Claims Database, NDPP program data and State of New Hampshire claims data. After an environmental scan to locate all existing NH walking programs and evidence-based interventions (EBIs), the CDS will collaborate with key partners to develop and implement a 5-year provider and payer-focused marketing and communication plan to increase enrollment in AAEBIs and provider counseling on physical activity and walking. The plan will promote awareness and adoption of key strategies by employers, payers, and providers to increase referrals and physical activity for people with arthritis. Selected success stories will also be used to market and sustain program participation.

#### *Weaknesses of Section:*

- Some activities are not specific or detailed. For example, the applicant talks about disparities throughout the application, but does not clearly describe how the underserved population will be addressed. Similarly, they expect to increase enrollment and availability of AAEBIs yet no additional activities are identified.
- The applicant states that in year 5 of the project they will work to develop plans for sustainability with Walk with Ease (WWE) and the National Diabetes Prevention Program (NDPP).
- Although the applicant does state that they plan to reach the underserved adult population by using an All-Payer Claims Database and focusing on people with pre-diabetes or diabetes, they do not describe, in detail, how they will implement activities to ensure disparate populations will be served.
- The applicant did not describe, in detail, plans to help facilitate healthcare provider counseling and referral of adults with arthritis to EBIs using electronic systems and/or other mechanisms that are in place (i.e., electronic health records, program locators, etc.).
- Although several ideas for marketing, communication, and recruitment are presented, the applicant does not appear to have a comprehensive plan in place.

#### *Recommendations of Section:*

- The applicant should more clearly describe how they will focus on the disparate population, and provide further details regarding how the underserved adult population will be reached.
- The applicant should develop plans for sustainability earlier in the project period.

- The applicant should provide further details regarding how healthcare provider counseling and referral of adults with arthritis to AAEBIs are or will be facilitated using electronic systems and/or other mechanisms (i.e., electronic health records, program locators, etc.).
- The applicant should develop a comprehensive marketing, communication, and recruitment plan to implement proposed Strategies and activities.

### Reviewers' Comments on Evaluation and Performance Measurement

#### *Strengths of Section:*

- The applicant was able to provide BRFSS baseline data for most strategies and the work plan. The Evaluator will develop additional data collection tools, as needed. (Pgs. 7, 12-16).
- The Evaluator has relationships with a variety of potential project partners, stakeholders will provide input into the evaluation focus and use, and, qualitative and quantitative data will be used for evaluation. (Pgs. 7-8).
- The work plan generally includes relevant, time-phased activities and appropriate outcome measures that will be used to assess progress towards meeting work plan activities and intended NOFO outcomes. (Pgs. 12-16).
- Appropriate data sources and data collection and reporting timelines are sufficient to monitor progress at least annually, and cumulatively over five years. (Pg. 7).
- Monthly monitoring and evaluation procedures are aligned with the work plan, results will be used to measure progress, a formal evaluation plan will be submitted to CDC if funded, and a final report at the end of the project period will focus on successes, challenges, and lessons learned to guide future initiatives. (Pgs. 7-9).
- An iterative approach to evaluation will be used to ensure continuous quality improvement. (Pg. 7).
- The CDC Framework will be used for evaluation and findings will be reported beyond what is required and will be disseminated to stakeholders including the CDC Project Officer, project partners, and through local and national conferences, if appropriate. (Pg. 9).
- The CDS will work with the Bureau of Public Health Statistics and Informatics to ensure that the standard and optional Arthritis Management modules are included in the New Hampshire BRFSS surveys. (Pg. 6).

#### *Weaknesses of Section:*

- The applicant does not specifically describe milestones, some work plan activities are not specific, and specific timelines are not stated for each process measure.
- The applicant states that the evaluation and performance measurement will contribute to developing an evidence base for programs or strategies that lack a strong effectiveness evidence base. One of the proposed key evaluation questions is to determine whether participation in AAEBIs was associated with health outcomes (i.e. – weight loss, improved balance, etc.). This is outside of the scope of the NOFO and borders on research.
- The applicant did not include or propose to establish a MOU/MOA from the state BRFSS Coordinator.

#### *Recommendations of Section:*

- In collaboration with project officer, the applicant should improve specificity of some work plan activities, develop relevant time-phased milestones, identify additional appropriate outcome measures if needed, and include timelines for each process measure that will be used to assess progress towards meeting work plan activities and intended NOFO outcomes.
- The applicant should clearly describe how evaluation and performance measurement will contribute to developing an evidence base for programs or strategies that lack a strong effectiveness evidence base, and ensure that research is not being conducted.
- The applicant should provide an MOU/MOA from the state BRFSS Coordinator, if needed.

### Reviewers' Comments on Organizational Capacity to Implement the Approach

#### *Strengths of Section:*

- The applicant describes having direct access to 2.0% of total adults 18 and older in NH as required for Strategy 1 and is likely to show state-wide impact on arthritis outcomes and performance measures. Strategy 1 includes

working with current state employees (1.2% of the adults in the state) as well as employee dependents and retirees. (Pg. 9).

- The applicant has organizational capacity and experience working with relevant key stakeholders (especially Diabetes Prevention Program) to deliver evidence-based chronic disease interventions and has shown that providing and referring to EBIs and NDPPs is an important step toward reducing costs related to osteoarthritis. (Pg. 9).

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- Plans are to develop an MOU with the Arthritis Foundation and American Diabetes Association to reach underserved populations using a locator tool to increase enrollment in EBIs. (Pg. 15).
- Authority and commitment to financing or sustaining EBI offerings for the target population is evidenced by the ability of NH to provide reimbursement for employees engaged in the National Diabetes Prevention Programs. (Pg. 9).
- The applicant describes a NH Health Benefit Committee Workgroup Wellness and Health Improvement Plan, written by the State Employee Wellness Program Administrator, CDS, and 23 representatives of different state departments that includes specific goals for state employees to increase physical activity and reduce diabetes; plans are to use this work as a stepping stone to further address arthritis. Several relevant partners have committed to expand and coordinate with CDS to implement strategies proposed in this application. (Pg. 9).
- The applicant requests funds for a contract to: engage providers around understanding their needs and preferences for referring to EBIs, provide continuing education around the benefits of AAEBIs, work around practice flow to increase referrals including the use of registries to identify eligible individuals and provider prompts, evaluate the impact of these projects, and develop communications materials to highlight provider successes. (Budget).
- The applicant plans to use EHR data to develop registries for people with arthritis and co-morbid chronic diseases to target for referrals to AAEBIs. (Pg. 15).
- The staffing plan and project management structure includes a full-time (1.0 FTE) program manager and an Evaluator (10% time). (Budget).
- The applicant describes plans to engage staff with sufficient subject matter expertise to plan and implement the required strategies. (Pgs. 11-12).
- CVs/Resumes were provided for the proposed Program Coordinator, Project Director, and the Evaluator. An organizational chart was included. (Resumes, Organizational Chart).
- The evaluation process includes the ability to collect and use Behavioral Risk Factor Surveillance System data to accomplish NOFO activities. (Pgs. 7, 12-16).

*Weaknesses of Section:*

- Although the applicant includes a budget that depicts the proposed structure and function of the program, a description of leadership commitment to maintain sufficient staffing is not included.
- CV/Resume was not included for the proposed Program Specialist.

*Recommendations of Section:*

- The applicant should provide assurance that leadership is committed to maintaining sufficient staffing.
- The CV/Resume should be provided for the proposed Program Specialist.

**Reviewers' Comments on Budget and Budget Narrative**

*Strengths of Section:*

- The contract for EBI Health Systems Referral Projects is likely to be very useful in supporting proposed strategies.