



# CDC-RFA-DP-23-0020: A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes



March 21, 2023 | Reviewer Training; April 18-20, 2023 | Objective Review Panels

**Centers for Disease Control and Prevention**  
National Center for Chronic Disease Prevention and Health Promotion  
Division of Diabetes Translation



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# NOFO DP23-0020 INFORMATION



# A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes CDC-RFA-DP-23-0020

- This NOFO seeks to decrease risk for type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among people with diabetes. This NOFO will also support implementation of evidence-based, family-centered childhood obesity interventions as a type 2 diabetes risk reduction strategy.
- A menu of strategies related to diabetes management, type 2 diabetes prevention, and childhood obesity management is provided. Strategies are based on interventions grounded in scientific and practice-based evidence.



# Social Determinants of Health (SDOH) and Health Equity

- The DP23-0020 NOFO was designed to embed a consistent social determinants of health (SDOH) approach to the work carried out through all components, strategies, and even the budget.
- SDOH are the non-medical factors that influence health outcomes--the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
- Health equity strives for the highest possible standard of health for all people, giving special attention to the needs of those at greatest risk of poor health based on social conditions.



# Priority Populations

- All work supported by this NOFO focuses on priority populations:
  - Priority populations are defined as those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.
- Applicants will need to identify the priority population(s) they will focus on and describe the rationale for selecting those population(s) considering the following factors:
  - Disproportionate incidence, prevalence, or severity of diabetes disease burden
  - Social vulnerability



# NOFO STRUCTURE



# Components at a Glance

	<b>Component A</b> Statewide Evidence-based Approaches to Diabetes Management and Type 2 Diabetes Prevention	<b>Component B</b> Local Evidence-based Approaches to Diabetes Management and Type 2 Diabetes Prevention	<b>Component C</b> Multisectoral Partner Networks to Scale and Sustain the National Diabetes Prevention Program
Funding	<ul style="list-style-type: none"> <li>• 51 Awards</li> <li>• <a href="#">Range \$850,000-\$1,250,000</a> (pre-determined amounts for each state and the District of Columbia)</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 22 Awards</li> <li>• Range \$750,000 – \$1,100,000</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 4 Awards</li> <li>• Range \$2,500,000 – \$3,300,000</li> </ul>
Geographic requirements	<ul style="list-style-type: none"> <li>• Must be physically located in the state or district they are proposing to serve</li> <li>• Reach is a single state or the District of Columbia; applicants should demonstrate state/district-wide reach</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Serve 1 or more of the high need counties</a>, identified by CDC, with a cumulative population of 350,000 or greater</li> <li>• Reach can be multi-state</li> </ul>	<ul style="list-style-type: none"> <li>• Should define the geographic area(s) they will work in</li> <li>• Reach can be multi-state</li> </ul>
Number of strategies	<ul style="list-style-type: none"> <li>• Must select <b>6</b> of 13</li> <li>• Required to select #1 and/or #5</li> </ul>	<ul style="list-style-type: none"> <li>• Must select <b>4</b> of 13</li> <li>• Required to select #1 and/or #5</li> </ul>	<ul style="list-style-type: none"> <li>• Must select all 4</li> </ul>





# APPLICATION CONTENT



# Reviewers Guide for Application Content

## DP23-0020 NOFO Sections

- Table of Contents
- Project Abstract
- Project Narrative (25-page limit, single spaces, 12-point font, 1-inch margins, number all pages)
  - a) Background
  - b) Approach
  - c) Evaluation and Performance Measurement Plan/Data Management Plan (**not included in 25-page limit**)
  - d) Organizational Capacity to Implement the Approach
- Work Plan (**not included in 25-page limit**)
- Budget Narrative (not included in the 25-page limit)
  - Must use the format outlined in the Content Form of Application Submission, “Budget Narrative” section
- Attachments:
  - Letters of Collaboration
  - Staffing Plan
  - Indirect Cost Rate Agreement (if applicable)

# Work Plan Requirements

The work plan template includes:

- Applicant name
- Component the applicant is applying for (select only one)
- Priority populations the applicant will be working with
- Strategies and supporting information
  - For each strategy selected, include:
    - SMARTIE Objectives and Supporting Activities (include lead personnel/contractors, contributing partners, and start/end times for each objective)
    - Short-term Performance Measures [include baselines, year 1 targets, and data source(s)]
    - Information on Setting and Priority Populations of focus
- Summary of objectives/activities proposed for years 2-5 (one page narrative)

### Work Plan

A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes (CDC-RFA-DP-23-0020)

**Applicant Name:** *Enter your organization's name in the box below.*

**Component:** *Identify the NOFO Component you are applying for and enter it into the box below. (Select only one.)*

- **Component A:** Statewide Evidence-based Approaches to Diabetes Management and Type 2 Diabetes Prevention
- **Component B:** Local Evidence-based Approaches to Diabetes Management and Type 2 Diabetes Prevention
- **Component C:** Using Multisectoral Partner Networks to Scale and Sustain the National Diabetes Prevention Program to Reach Priority Populations

*INSTRUCTIONS: Copy/paste the first strategy you select into the work plan template below and fill in the requested information. Repeat this for all additional strategies you select. You may **replicate the blank table as many times as needed to complete your work plan for all selected strategies.***

*Writing SMARTIE Objectives: SMARTIE objectives are "Specific," "Measurable," "Attainable," "Relevant," "Time-based," "Inclusive," and "Equitable." Include supporting activities that describe the work you will do to achieve each SMARTIE objective. Additional information on writing SMARTIE objectives is available at: <https://www.cdc.gov/diabetes/funding-opportunity/NOFO-CDC-RFA-DP23-2320.html>.*

**[Enter First Selected Strategy Here]**

SMARTIE Objectives and Supporting Activities	Lead Personnel Assigned	Contributing Partners	Key Contracts & Consultants	Start Quarter	End Quarter
Objective 1					
Objective 2					
Objective 3					
Objective 4					
Objective 5					

**Setting:** *Indicate the setting(s) for this strategy from the following list: state government, community-based organizations, faith-based organizations, federally qualified health centers, other health care organizations, U.S. Department of Housing and Urban Development (HUD) affordable housing communities, Other—please describe*



SMARTIE Definition



# SMART vs SMARTIE Objective Examples

## SMART

- By 6/30/2024, support six DSMES programs in [STATE] seeking Association of Diabetes Care & Education Specialists (ADCES) accreditation/American Diabetes Association (needs of National DPP participants (ADA) recognition by providing technical assistance and training.
- By 6/1/2024, test and solidify a process for addressing the social needs of National DPP participants.

## SMARTIE\*

- By 6/30/2024, increase access to DSMES services in areas of the state that lack existing access by providing guidance from a subject matter expert and hands on training to six organizations that serve [specify priority population(s) of focus] to assist them in becoming Association of Diabetes Care & Education Specialists (ADCES) accredited/American Diabetes Association (ADA) recognized.
- By 6/1/2024, work with trusted community partners to develop a referral network for addressing the social needs of participants.

# BACKGROUND

DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSMES)  
NATIONAL DIABETES PREVENTION PROGRAM (NATIONAL DPP)



# Diabetes Self-Management Education and Support

## CDC Goals under DP23-0020:

- *Increase access to, participation in, and health benefit coverage for DSMES—with emphasis on ADA-recognized and ADCES-accredited programs that meet national quality standards.*
- *Increase access to and participation in complementary diabetes support programs/ services.*



# Diabetes Self-Management Education and Support

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- *Increase access to and participation in complementary diabetes support programs/ services.*





# DSMES & Diabetes Support – Defined

## DSMES

- The ongoing process of facilitating the knowledge, skills, and ability necessary for diabetes self-care; incorporates the needs, goals, and life experiences of the person with diabetes, and is guided by evidence-based standards.
- ADA and ADCES [recognize](#) and [accredit](#) organizations delivering DSMES services to ensure they meet the requirements described in the National Standards for DSMES.

## Diabetes Support

- Complement formal DSMES by helping people with diabetes practice the self-management behaviors they learn and address challenges that occur in daily life.
- Oftentimes provided in community-based settings (e.g., clinics, churches, community organizations) and are peer-led by individuals who speak the language, share the culture, and come from the same communities as their participants.



# National Diabetes Prevention Program

The Division of Diabetes Translation's (DDT) National Diabetes Prevention Program (National DPP) is the largest national effort to mobilize and bring an evidence-based lifestyle change program to communities across the country!

## About the National Diabetes Prevention Program

Congress authorized CDC to establish the **National Diabetes Prevention Program (National DPP)**, a public-private partnership working to build a nationwide delivery system for a lifestyle change program **proven to prevent or delay type 2 diabetes** in adults with prediabetes.

It brings together:



# National Diabetes Prevention Program

The National DPP relies upon a variety of public-private partnerships with community organizations, private and public insurers, employers, health care organizations, faith-based organizations, government agencies, and others working together to:

## CDC is working to:



**Build a workforce** that can implement the lifestyle change program effectively



**Ensure quality and standardized reporting** of participant outcomes in the program



Deliver the lifestyle change program through organizations **nationwide** and **sustain** it through public/private payer coverage



**Increase referrals** to and participation in the lifestyle change program

# National Diabetes Prevention Program

## CDC Goals under DP23-0020:

- *Increase access to, participation in, and health benefit coverage for the National DPP lifestyle intervention.*
- *Work on the National DPP is embedded in all 3 NOFO components.*

### About the National Diabetes Prevention Program

Congress authorized CDC to establish the **National Diabetes Prevention Program (National DPP)**, a public-private partnership working to build a nationwide delivery system for a lifestyle change program **proven to prevent or delay type 2 diabetes** in adults with prediabetes.

It brings together:



# COMPONENTS A & B

STRATEGIES & OUTCOMES



# Components A and B: Diabetes Management Strategies

Strategy	Description
1	<b>Strengthen self-care practices by improving access, appropriateness, and feasibility of DSMES services for priority populations by*:</b> <ul style="list-style-type: none"><li>• <b>Increasing access to and participation in ADA-recognized and ADCES-accredited DSMES services among priority populations with diabetes</b></li><li>• <b>Increasing access to and participation in complementary diabetes support programs and services</b></li></ul>
2	Expand availability of ADA-recognized and ADCES-accredited DSMES services as a covered health benefit for Medicaid beneficiaries and employees with diabetes
3	Prevent diabetes complications for priority populations through early detection by: <ul style="list-style-type: none"><li>• Increasing diabetic retinopathy screening</li><li>• Improving early detection of chronic kidney disease (CKD) in priority populations with diabetes</li></ul>
4	Improve acceptability and quality of care for priority populations with diabetes by: <ul style="list-style-type: none"><li>• Increasing adoption or enhancement of team-based care for people with diabetes supported by sustainable payment models</li><li>• Increasing adoption and use of clinical systems and care practices</li></ul>

\***Bold** indicates Strategy 1 and/or 5 are required; both can be selected only one is required



# Components A and B: Type 2 Diabetes Prevention and Risk Reduction Strategies

Strategy	Description
5	<b>Increase enrollment and retention of priority populations in the National DPP lifestyle intervention and the MDPP by improving access, appropriateness, and feasibility of the program</b>
6	Expand availability of the National DPP lifestyle intervention as a covered health benefit for Medicaid beneficiaries and/or employees and covered dependents at high risk for type 2 diabetes*
7	Improve sustainability of CDC-recognized National DPP delivery organizations serving priority populations by establishing or expanding National DPP Umbrella Hub Arrangements*
8	Implement, spread, and sustain one of the following evidence-based, family-centered childhood obesity interventions: 1) Mind, Exercise, Nutrition...Do It! (MEND); 2) Family Based Behavioral Therapy; 3) Bright Bodies; 4) Healthy Weight and Your Child

*\***Bold** indicates Strategy 1 and/or 5 are required; both can be selected only one is required*



# Components A and B: Policy & Systems-Level Support Strategies for Diabetes Management and/or Type 2 Diabetes Prevention

Strategy	Description
9	Increase and sustain DSMES and National DPP delivery sites within pharmacy networks and chain pharmacies to improve reach to priority populations
10	Support the development of multi-directional e-referral systems that enable electronic exchange of information between health care and community-based organizations (CBOs), including: <ul style="list-style-type: none"><li>a) CDC-recognized organizations offering the National DPP lifestyle intervention <b><u>and/or</u></b></li><li>b) ADA-recognized/ADCES-accredited DSMES services and/or diabetes support programs or services in the community <b><u>and</u></b></li><li>c) Community programs/services that address SDOH or meet social needs</li></ul>
11	Design and test innovative payment models that bundle the National DPP lifestyle intervention and/or DSMES with other programs and services that address relevant health or social needs of priority populations
12	Improve the sustainability of Community Health Workers by building or strengthening a supportive infrastructure to expand their involvement in evidence-based diabetes prevention and management programs and services
13	Improve the capacity of the diabetes workforce to address factors related to SDOH that impact health outcomes for priority populations with and at risk for diabetes





## Components A & B: Outcomes

- Increase in the number of organizations implementing evidence-based community behavioral change programs.
- Increased adaptation/tailoring of effective programs for priority populations.
- Increase in the # of patients screened and referred to community resources.
- Increased SDOH screenings in clinical settings.
- Increased participation in evidence-based community behavioral change programs.
- Increased multi-directional communication between clinical and community resources.



# COMPONENT A

SCORING



# Scoring for Component A

CRITERIA (page # in NOFO)	MAXIMUM POINTS
Approach (page 60)	40
Evaluation and Performance Measurement (page 61)	25
Organizational Capacity to Implement the Approach (page 62)	35
Budget (page 63)	0

Reference - <b>Component A</b> - Application Scoring Criteria		Notice of Funding Opportunity – DP23-0020 - Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes	
<p>Preparing for the Application Review:</p> <ul style="list-style-type: none"> <li>Read the Notice of Funding Opportunity (NOFO) Announcement. Download the document from the Related Documents section of the Grants.gov web page at: <a href="#">View Opportunity   GRANTS.GOV</a>. The document is named "Foa_Content_of_CDC-RFA-DP-23-0020.pdf." The NOFO is also provided as an attachment with your applications.</li> <li>Pages 61-62 of the NOFO contain the Component A evaluation criteria listed below.</li> <li>CDC responses to <a href="#">frequently asked questions (FAQs)</a> from applicants are organized by topic and component using drop-down navigation. FAQs are helpful to review throughout your review.</li> <li>Additional resources can be found on the DP2320 website at: <a href="#">A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes   CDC</a>.</li> </ul>		<p>Letters of collaboration strategies.</p> <p>Engaging/enrolling attention.</p> <p>Each partner (if</p> <p>ished by each partner,</p> <p>and/or reducing health work on the NOFO</p>	<p>6 points</p>
<p><b>Section: Approach</b></p> <p><b>Total Points: 40</b></p> <p><b>Note:</b> In your review, make sure the project narrative, work plan and budget reflect a statewide approach [or a district-wide approach if the applicant is proposing to serve the District of Columbia (D.C.).]</p>			
<p><b>Background, Purpose, and Outcomes</b></p> <p>Evaluate the extent to which the applicant: Describes specifically how they will address the public health problem described in the NOFO, with emphasis on how they will achieve statewide reach, inclusive of all populations and communities in the state.</p>	<p>5 points</p>		
<p><b>Target Populations and Health Disparities</b></p> <p>Evaluate the extent to which the applicant: Describes how the priority population(s) of focus were identified and the rationale for selecting those population(s), considering the following factors: disproportionate incidence, prevalence, or severity of diabetes disease burden and/or social vulnerability.</p>	<p>3 points</p>	<p>se narrative described in the measure targets and by 1 and/or strategy 5.</p> <p>ccess, nt education and</p>	<p>6 points</p>
<p><b>Collaborations</b></p> <p>Evaluate the extent to which the applicant: Describes how they will collaborate with organizations that have experience/expertise in:</p> <ul style="list-style-type: none"> <li>Reaching the selected priority populations.</li> <li>Addressing system or population-level needs related to the SDOH.</li> <li>Assisting the priority populations of focus in successfully engaging in the diabetes programs/services in the selected strategies.</li> <li>(Non-state or District of Columbia health department applicants should describe how they will collaborate with the state or district health department to achieve statewide or district-wide reach and leverage existing partnerships and expertise.)</li> </ul>	<p>6 points</p>	<p>Diabetes Prevention ess, appropriateness,</p> <p>he 13 strategies provided; they may e evident in the project narrative,</p> <p>t narrative.</p>	
		<p>Evaluate the extent to which the applicant: Presents a work plan that describes the strategies selected and the objectives/activities and short-term performance measure baselines, targets, and data sources in alignment with NOFO outcomes.</p> <p>The work plan should:</p>	<p>6 points</p>

## Tips for Evaluating Statewide Reach

- Component A applicants must provide the state (or district – in the case of D.C.) they are proposing to serve along with their physical address in the Project Abstract section of their application. Applicants must be physically located in the state they are proposing to serve.
- Component A applicants must be capable of achieving statewide/district-wide reach, inclusive of all populations or communities in the state/district. Applicants may be state public health departments or other entities with the bandwidth to implement work on their 6 selected strategies statewide.



# Component A : Approach (40 points maximum)

## Background, Purpose, and Outcomes (5 points)

Evaluate the extent to which the applicant:

- Describes specifically how they will address the public health problem described in the NOFO, with emphasis on how they will achieve statewide reach, inclusive of all populations and communities in the state.

## Target Populations and Health Disparities (3 points)

- Describes how the priority population(s) of focus were identified and the rationale for selecting those population(s), considering the following factors: disproportionate incidence, prevalence, or severity of diabetes disease burden and/or social vulnerability.

# Component A : Approach (continued)

## Collaborations

Evaluate the extent to which the applicant:

- Describes how they will collaborate with organizations that have experience/expertise in **(6 points)**:
  - Reaching the selected priority populations.
  - Addressing system or population-level needs related to the SDOH.
  - Assisting the priority populations of focus in successfully engaging in the diabetes programs/services in the selected strategies.
  - (Non-state or District of Columbia health department applicants should describe how they will collaborate with the state or district health department to achieve statewide or district-wide reach and leverage existing partnerships and expertise.)

# Component A : Approach (continued)

## Collaborations (continued)

Provides a maximum of 5 letters of collaboration from key partners that will be involved in implementing the selected strategies. At least one of the letters should be from a partner with experience engaging/enrolling priority populations in DSMES and/or the National DPP lifestyle intervention. **(6 points)**

Letters of Collaboration are an attachment to the narrative and not included in the total page limit. The letters should

- 1) Summarize any prior work/accomplishments achieved with each partner (if applicable).
- 2) Include a brief description of the work that will be accomplished by each partner, referencing back to the NOFO strategies.
- 3) Specify the geographic area the partner will work in.
- 4) Discuss the partner's role in reaching priority populations and/or reducing health disparities in that area (if applicable) in connection with work on the NOFO strategies selected.

# Component A : Approach (continued)

## Strategies and Activities (6 points)

- Provides a clear and concise narrative description of how they will implement at least 6 of the strategies described in the Component A section of the strategy list to achieve the performance measure targets and 5-year outcomes.
- Includes the required implementation of strategy 1 and/or strategy 5.



# Component A : Approach (continued)

## Work Plan

Evaluate the extent to which the applicant:

- Presents a work plan that describes the strategies selected and the objectives/activities and short-term performance measure baselines, targets, and data sources in alignment with NOFO outcomes. **(6 points)**
- The work plan should:
  - Include specific measurable, attainable/achievable, relevant, timebound/time-based, inclusive, and equitable (SMARTIE) objectives for each strategy for the first year and supporting activities that describe the work that will be done to achieve each objective.
  - Specify the setting(s) and population(s) of focus and collaborative partners for work under each strategy.

# Component A : Approach (continued)

## Work Plan (continued)

Evaluate the extent to which the applicant:

- Describes how they will tailor work/approaches to reach priority populations and enable them to be successful in accessing and participating in the diabetes-related programs/services addressed in this NOFO. **(5 points)**
- Provides a narrative summary of activities planned for each strategy in years 2-5. This summary should describe how work in years 2-5 will build on the year 1 objectives/activities and ultimately result in accomplishment of NOFO outcomes. **(3 points)**

# Component A: Evaluation and Performance Measurement (25 points)

Evaluate the extent to which the applicant:

- Indicates how key evaluation questions, posed by CDC, will be addressed as they relate to the overall evaluation plan. **(5 points)**
- Describes an evaluation design that is appropriate for the proposed strategies and is rigorous enough to determine whether activities have contributed to health and other outcomes. **(6 points)**
- Describes data collection processes and data sources that are feasible and align with the evaluation design. **(5 points)**

## Component A: Evaluation and Performance Measurement (continued)

- Describes how a percentage of the total funding will be used to provide adequate staffing and technical support for monitoring and evaluation. **(3 points)**
- Describes how evaluation findings will be used for continuous program and quality improvement. **(3 points)**
- Describes how the evaluation will add to the evidence base for selected strategies. **(3 points)**
- Includes a preliminary Data Management Plan (DMP) describing, at a minimum, required information as outlined in the NOFO. **(not scored)**

# Component A: Organizational Capacity to Implement the Approach (35 points)

Evaluate the extent to which the applicant:

- Describes prior experience and accomplishments working with and providing technical assistance on the selected strategies, with emphasis on the National DPP and/or DSMES. Describes ability to collect and monitor data to document progress on selected strategies. **(12 points)**
- Describes any prior experience working with the selected populations using participatory approaches or involvement and support from these groups for the work proposed. **(3 points)**
- Describes experience achieving statewide reach in previous work. **(3 points)**

## Component A : Organizational Capacity (continued)

- Provides a staffing plan that demonstrates the applicant has access to staff or contractors/consultants with relevant subject matter expertise to lead work on the selected strategies (e.g., project manager, health equity lead, diabetes subject matter expert, evaluator). **(6 points)**
  - **The Staffing Plan is an attachment to the narrative and is not included in the total page limit. It should include the following.**
    - A description of a staff member to lead the project. This individual should have previous experience with grants administration; program planning and implementation; partnership development; and staff/contractor supervision/oversight.
    - A description of how diabetes management/prevention expertise will be accessed.
    - A description of staff who will have the day-to-day responsibility for key tasks such as leadership of work on selected strategies; monitoring of the project's ongoing progress; preparation of reports; program evaluation; and communication with partners and CDC.

## Component A : Organizational Capacity (continued)

- Describes their ability to manage the required procurement efforts, including the ability to write and award contracts efficiently, in accordance with applicable grants regulations and in a reasonable timeframe. **(3 points)**
- Demonstrates readiness to implement the evidence-based strategies in this NOFO. **(8 points)**
  - Describing established working relationships with key national, state, or local partner organizations relevant to selected strategies, and including a description of outcomes or key accomplishments resulting from these partnerships (e.g., reports, publications, resource documents, tools, policy change, health impact). [Partners may include groups such as state Medicaid agencies; state employee benefit agencies; CBOs; tribes or tribal organizations; professional associations (state medical society, other medical specialty associations, etc.); quality improvement organizations; ADA-recognized and ADCES-accredited DSMES services; local/regional ADA or ADCES chapters; CDC-recognized organizations delivering the National DPP lifestyle intervention, and others.]

## Component A: Budget (not scored)

- Evaluate the extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities. Although not scored, applicants must ensure their proposed budget aligns with their proposed work plan and NOFO objectives. The budget should follow the CDC Budget Guidance.
  - CDC recommends that 10-20% of funds be allocated to address system or population-level needs related to the SDOH that support the priority population(s) engaged in the selected program strategies.
  - Staff time cannot be allocated to count toward the 10-20% recommended funding allocation.
  - Consider the extent to which the budget allocation reflects appropriate focus on the required NOFO strategies and activities.
  - Budgets should reflect amount available in the [CDC Component A Funding Table](#).



# COMPONENT B

SCORING



# Scoring for Component B

CRITERIA (page # in NOFO)	MAXIMUM POINTS
Approach (page 63)	40
Evaluation and Performance Measurement (page 64)	25
Organizational Capacity to Implement the Approach (page 65)	35
Budget (page 65)	0

Reference - <b>Component B</b> - Application Scoring Criteria		
<b>Notice of Funding Opportunity (NOFO) – DP23-0020 - Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes</b>		
<p>Preparing for the Application Review:</p> <ul style="list-style-type: none"> <li>Read the Notice of Funding Opportunity (NOFO) Announcement. Download the document from the Related Documents section of the Grants.gov web page at: <a href="#">View Opportunity   GRANTS.GOV</a>. The document is named "Foa_Content_of_CDC-RFA-DP-23-0020.pdf." The NOFO is also provided as an attachment with your applications.</li> <li>Pages 64-65 of the NOFO contain the Component B evaluation criteria listed below.</li> <li>CDC responses to <a href="#">frequently asked questions (FAQs)</a> from applicants are organized by topic and component using drop-down navigation. FAQs are helpful to review throughout your review.</li> <li>Additional resources can be found on the DP2320 website at: <a href="#">A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes   CDC</a>.</li> </ul>		(CBO)s in the selected high the priority populations menting the selected recruitment, enrollment, and management programs 7 points
<b>Component B: Verifying "High Need" Counties – Before You Score the Application</b>		
<ul style="list-style-type: none"> <li>Applicants' proposed work must be in one or more of the high need counties identified on the list available on the NOFO website. Together, these counties must comprise a population of at least 350,000 people. Applicants must identify the high-need county(s) and their respective population(s) in the project abstract. If this information is not provided, the application will be deemed non-responsive.</li> <li>Reviewers should contact the CDC program office at <a href="mailto:DP2320NOFO@cdc.gov">DP2320NOFO@cdc.gov</a> if they have an applicant proposing work outside of the high need counties provided by CDC.</li> </ul>		s with helping to eliminate social populations from programs/services 6 points
<b>Section: Approach</b>	<b>Total Points: 40</b>	
<b>Background, Purpose, and Outcomes</b>	<b>4 points</b>	s and/or reducing health OFO strategies selected.
Evaluate the extent to which the applicant: Describes specifically how they will address the public health problem described in the NOFO in the high need counties selected.		
<b>Target Populations and Health Disparities</b>	<b>3 points</b>	icse narrative description the Component B section 5-year outcomes. This 5.
Evaluate the extent to which the applicant: Clearly identifies the priority population(s) they will focus on and the rationale for selecting those population(s), considering the following factors: disproportionate incidence, prevalence, or severity of diabetes disease burden and/or social vulnerability.		6 points
		ccess, appropriateness, and/or feasibility of diabetes self-management education and support (DSMES) services.
		<ul style="list-style-type: none"> <li>Strategy 5: Increasing enrollment and retention in the National Diabetes Prevention Program (National DPP) lifestyle intervention by improving access, appropriateness, and/or feasibility of the program.</li> </ul>

## Tips for Evaluating Work in High Need Counties

- Applicants should be entities with the bandwidth to implement their 4 selected strategies within a single county or across multiple counties identified as “high need.”
- The selected counties should have a total (cumulative) population of 350,000 or greater.
- A list of these high need counties and their populations was provided by CDC and is available on the NOFO website ([high need counties](#)).
- Applicants must list, in the Project Narrative section of their applications, the high need counties they have chosen to work in and their respective populations.



# Component B: Approach (40 points maximum)

## Background, Purpose, and Outcomes (4 points)

Evaluate the extent to which the applicant:

- Describes specifically how they will address the public health problem described in the NOFO in the “high need” counties selected.

## Target Populations and Health Disparities (3 points)

Evaluate the extent to which the applicant:

- Clearly identifies the priority population(s) they will focus on and the rationale for selecting those population(s), considering the following factors: disproportionate incidence, prevalence, or severity of diabetes disease burden and/or social vulnerability.

# Component B: Approach (continued)

## Collaborations

Evaluate the extent to which the applicant:

- Describes how they will:
  - 1) Establish partnerships with CBOs in the selected “high need” counties that have experience and expertise engaging the priority populations they wish to reach, and
  - 2) How funds will be used to support the CBO partners in implementing the selected strategies and helping eliminate SDOH-related barriers to recruitment, enrollment, and retention of priority populations in the diabetes prevention/management programs and services included in this NOFO. **(7 points)**

## Component B: Approach (continued)

### Collaborations (continued)

Provides a maximum of 5 letters of collaboration from CBO partners with experience/expertise reaching the priority populations of focus and helping to eliminate SDOH-related barriers that hinder those populations from successfully engaging in the diabetes management and prevention programs/services described in this NOFO. At least one of the letters should be from a partner with experience engaging/enrolling priority populations in DSMES and/or the National DPP lifestyle intervention. **(6 points)**

**Letters of Collaboration are an attachment to the narrative and not included in the total page limit.**

# Component B: Approach (continued)

## Collaborations (continued)

The letters of collaboration should:

- 1) Summarize any prior work/accomplishments achieved with each partner (if applicable);
- 2) Include a brief description of the work that will be accomplished by each partner, referencing back to the NOFO strategies;
- 3) Specify the geographic area the partner will work in; and
- 4) Discuss the partner's role in reaching priority populations and/or reducing health disparities in that area in connection with work on the NOFO strategies selected.

# Component B: Approach (continued)

## Strategies and Activities (6 points)

Evaluate the extent to which the applicant:

- Provides a clear and concise narrative description of how they will implement at least 4 of the strategies described in the Component B section of the strategy list to achieve the performance measure targets and 5-year outcomes.
- Includes the required implementation of strategy 1 and/or strategy 5.



# Component B: Approach (continued)

## Work Plan

Evaluate the extent to which the applicant:

- Presents a work plan that describes the strategies selected and the objectives/activities, and short-term performance measure baselines, targets, and data sources in alignment with NOFO outcomes. **(6 points)**
- **The Work Plan is an attachment to the narrative, is not included in the total page limit, and should:**
  - Include specific measurable, attainable/achievable, relevant, timebound/time based, inclusive, equitable (SMARTIE) objectives for each strategy for the first year and supporting activities that describe the work that will be done to achieve each objective.
  - Specify the setting(s) and population(s) of focus, and collaborative partners for work under each strategy.

# Component B: Approach (continued)

## Work Plan (continued)

Evaluate the extent to which the applicant:

- Describes how they will tailor work/approaches to reach priority populations and enable them to be successful in accessing and participating in the diabetes-related programs/services addressed in this NOFO. **(5 points)**
- Provides a narrative summary of activities planned for each strategy for years 2-5. This summary should describe how work in years 2-5 will build on the year 1 objectives/activities and ultimately result in accomplishment of NOFO outcomes. **(3 points)**

# Component B: Evaluation and Performance Measurement (25 points)

Evaluate the extent to which the applicant:

- Indicates how key evaluation questions, posed by CDC, will be addressed as they relate to the overall evaluation plan. **(5 points)**
- Describes an evaluation design that is appropriate for the proposed strategies and is rigorous enough to determine whether activities have contributed to health and other outcomes. **(6 points)**
- Describes data collection processes and data sources that are feasible and align with the evaluation design. **(5 points)**
- Describes how a percentage of total funding will be used to provide adequate staffing and technical support for monitoring and evaluation. **(3 points)**

# Component B: Evaluation and Performance Measurement (continued)

Evaluate the extent to which the applicant:

- Describes how evaluation findings will be used for continuous program and quality improvement. **(3 points)**
- Describes how the evaluation will add to the evidence base for selected strategies. **(3 points)**
- Includes a preliminary Data Management Plan (DMP) describing, at a minimum, required information as outlined in the NOFO. **(not scored)**

# Component B: Organizational Capacity to Implement the Approach (35 points)

Evaluate the extent to which the applicant:

- Describes prior experience and accomplishments working and providing technical assistance on the selected strategies, with emphasis on the National Diabetes Prevention Program (National DPP) and/or diabetes self-management education and support (DSMES). Describes ability to collect and monitor data to document progress on selected strategies. **(12 points)**
- Describes prior experience working in the “high need” counties selected. **(3 points)**
- Clearly describes any prior experience working with the selected populations using participatory approaches or involvement and support from these groups for the work proposed. **(3 points)**

## Component B: Organizational Capacity (continued)

Evaluate the extent to which the applicant:

- Provides a staffing plan that demonstrates the applicant has access to staff or contractors/consultants with relevant subject matter expertise to lead work on the selected strategies (e.g., health equity lead, project manager, diabetes subject matter expert, evaluator). **(6 points)**
- **The Staffing Plan is an attachment to the narrative, is not included in the total page limit and should include the following.**
  - A description of a staff member to lead the project. This individual should have previous experience with grants administration; program planning and implementation; partnership development; and staff/contractor supervision/oversight.
  - A description of how diabetes management/prevention expertise will be accessed.
  - A description of staff who will have the day-to-day responsibility for key tasks such as the leadership of work on selected strategies; monitoring of the project's ongoing progress; preparation of reports; program evaluation; and communication with partners and CDC.

## Component B: Organizational Capacity (continued)

Evaluate the extent to which the applicant:

- Describes their ability to manage the required procurement efforts, including the ability to write and award contracts efficiently, in accordance with applicable grants regulations and in a reasonable timeframe. **(3 points)**
- Describes prior experience addressing relevant health disparities among populations disproportionately impacted by disease burden and social vulnerability. **(8 points)**

## Component B: Budget (not scored)

- Evaluate the extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities. Although not scored, applicants must ensure their proposed budget aligns with their proposed work plan and NOFO objectives. The budget should follow the CDC Budget Guidance.
  - CDC recommends that applicants submit a proposed budget that sub-awards a minimum of 30% of total funding to their CBO partners to support the implementation of the strategies selected and to help eliminate SDOH-related barriers to recruitment, enrollment, and retention of priority populations in the evidence-based diabetes prevention and management programs/services selected.
  - Consider the extent to which the budget allocation reflects appropriate focus on the required NOFO strategies and activities.



# COMPONENT C

OUTCOMES & STRATEGIES



## Component C: Overview

- The goal of Component C is substantial enrollment in the National DPP lifestyle intervention over the 5-year period of performance, aiming for 1,000 participants in year 1 and a minimum of 10,000 participants by year 5. (Priority populations should comprise 50% or more of the enrollment goal.)
- Applicants will serve as a hub (or backbone) organization supporting the network and will be required to convene and fund partners from across sectors, to include:
  - Payers (e.g., employers and public or private insurers like Medicaid and commercial health plans)
  - CDC-recognized National DPP delivery organizations (virtual and in-person)
  - Health care organizations
  - Community-based organizations (CBOs) or other groups with demonstrated experience reaching and engaging the priority populations of focus
  - Organizations with experience addressing health equity and SDOH-related issues
  - Other partners as needed

## Component C: Administrative Infrastructure

- Strategy 1: Serve as the hub for the partner network and manage its administrative infrastructure. This includes:
  - Developing a business plan tied to the required enrollment goal and demonstrating how the enrollment approach will include priority populations
  - Developing a plan for convening partners, awarding partner funding, and maintaining accountability for partner contributions to the shared enrollment goal
  - Developing a marketing plan to reach ten times the number of eligible people specified in the enrollment goal and providing tested marketing and enrollment strategies to the delivery network



## Component C: Patient Referral Process

- Strategy 2: Work with and fund clinical and community partners with specialized expertise reaching one or more priority populations to institutionalize participant referral processes. This includes all of the following:
  - Working with clinical partners to ensure a consistent source of participant referrals supported by an efficient and effective referral process;
  - Ensuring that priority populations are reached and;
  - Working with clinical partners to test the American Medical Association-sponsored prediabetes quality measures addressing prediabetes screening, referral, and outcomes.



## Component C: Program Delivery and Participant Support

- Strategy 3: Work with delivery partners to establish a network of both in-person and virtual [CDC-recognized program delivery organizations](#) and standardize procedures for participant support, including:
  - Ensuring that the network has the capacity to meet the 1,000-person enrollment goal in year 1 and the 10,000-person enrollment goal by year 5.\*
  - Ensuring that the network has the capacity to reach the required percentage of priority population participants (50% or more of the total enrollment goal).
  - Establishing a process for assessing and helping to address the SDOH-related needs of priority population participants, including referral to social needs networks.
  - Providing ongoing support to optimize program delivery, including data management and billing systems and Lifestyle Coach development opportunities.

\*Applicants must work in a geographic area with a population large enough to make it feasible to enroll the numbers stated above, estimating that, for every 100 people with prediabetes or at high risk for type 2 diabetes reached, around 10 will be ready to enroll in the program.



## Component C: Payment/Coverage

- Strategy 4: Work with payer and employer partners to implement existing coverage policies and test new coverage policies within the network, including:
  - Working with one or more payers or employers to incorporate coverage of the National DPP lifestyle intervention in all value-based payment contracts, either alone or as part of a bundled package of services, and partner with payers and employers to promote uptake of the benefit by all eligible participants.
  - Supporting all organizations in the delivery network in becoming Medicare Diabetes Prevention Program suppliers and/or Medicaid providers (where applicable).
  - Working with payers and employers to test new coverage policies, reimbursement schedules, and payment options.



## Component C: Outcomes

- Increase in clinical and CBO partners' capacity to institutionalize participant referral processes, with an emphasis on increasing priority population reach via SDOH programs or services.
- Increase in systems that monitor the outcome of participant referrals to identify clinical and community-based referral processes that maximize enrollment of priority populations.
- Increase in use of existing or newly designed coverage benefits to cover costs of program delivery and program supports for priority populations.
- Increase in multisectoral partnership networks with the capacity to activate all levers of the National DPP and reach priority populations.
- Increase in enrollment and retention of priority populations in the National DPP lifestyle intervention.



# COMPONENT C

SCORING





# Scoring for Component C

CRITERIA (page # in NOFO)	MAXIMUM POINTS
Approach (page 66)	40
Evaluation and Performance Measurement (page 67)	25
Organizational Capacity to Implement the Approach (page 68)	35
Budget (page 68)	0

Reference - Component C - Application Scoring Criteria		Notice of Funding Opportunity (NOFO) – DP23-0020 - Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes	
Preparing for the Application Review: <ul style="list-style-type: none"> <li>Read the Notice of Funding Opportunity (NOFO) Announcement. Download the document from the Related Documents section of the grants.gov web page at: <a href="#">View Opportunity   GRANTS.GOV</a>. The document is named "Foa_Content_of_CDC-RFA-DP-23-0020.pdf." The NOFO is also provided as an attachment with your applications.</li> <li>Pages 67-68 of the NOFO contain the Component C evaluation criteria listed below.</li> <li>CDC responses to <a href="#">frequently asked questions (FAQs)</a> from applicants are organized by topic and component using drop-down navigation. FAQs are helpful to review throughout your review.</li> <li>Additional resources can be found on the DP2320 website at: <a href="#">A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes   CDC</a>.</li> </ul>		each of these	
<b>Section: Approach</b>		<b>Total Points: 40</b>	
<b>Background, Purpose, and Outcomes</b> The extent to which the applicant: Describes specifically how they will address the public health problem described in the NOFO through the network model to positively impact the problem (achieve a significant increase in National DPP enrollment).		3 points	vention as a health or le patients to a CDC- e intervention, rity populations in the
<b>Target Populations and Health Disparities</b> Evaluate the extent to which the applicant: Clearly identifies the priority population(s) they will focus on and the rationale for selecting those population(s), considering the following factors: disproportionate incidence, prevalence, or severity of diabetes disease burden and/or social vulnerability.		3 points	and SDOH-related claims submission accomplished by each
<b>Target Populations and Health Disparities</b> Presents a feasible plan to address system or population-level needs related to the SDOH that impact priority populations' successful participation in the National DPP lifestyle intervention and ensures that priority populations comprise <u>at least</u> half of the 1,000-enrollment goal for year 1.		3 points	they will implement all gy list to achieve the emphasis on how they he network to reach the
<b>Collaborations</b> Describes the applicant's prior experience convening partners from across multiple sectors, including, at a minimum: public or private payers and employers, health care organizations, CDC-recognized National DPP delivery organizations, and CBOs or other groups with demonstrated experience reaching and engaging priority populations in the geographic area covered by the network.		7 points	network, including the uring accountability of numbers of both he enrollment targets. ypes of partners to serve age is provided for
<b>Collaborations</b> Short-term performance measure baselines, targets, and data sources in alignment with NOFO outcomes. The work plan should: <ul style="list-style-type: none"> <li>Include specific measurable, attainable/achievable, relevant, timebound/time based, inclusive, and equitable (SMARTIE) objectives for each strategy for the first</li> </ul>		4 points	ject narrative. tives/activities; and

# Component C: Approach (40 points maximum)

## Background, Purpose, and Outcomes

Evaluate the extent to which the applicant:

- Describes specifically how they will address the public health problem described in the NOFO through the network model to positively impact the problem (achieve a significant increase in National DPP enrollment). **(3 points)**

# Component C: Approach (40 points maximum)

## Target Populations and Health Disparities

Evaluate the extent to which the applicant:

- Describes how the priority population(s) of focus were identified in the network and the rationale for selecting those population(s), considering the following factors: disproportionate incidence, prevalence, or severity of diabetes disease burden and/or social vulnerability. **(3 points)**
- Presents a feasible plan to address system or population-level needs related to the SDOH that impact priority populations' successful participation in the National DPP lifestyle intervention and ensures that priority populations comprise at least half of the 1,000 enrollment goal for year 1. **(3 points)**

# Component C: Approach (continued)

## Collaborations

Evaluate the extent to which the applicant:

- Describes the applicant's prior experience convening partners from across multiple sectors, including, at a minimum: public or private payers and employers, health care organizations, CDC-recognized National DPP delivery organizations, and CBOs or other groups with demonstrated experience reaching and engaging priority populations in the geographic area covered by the network. **(7 points)**

# Component C: Approach (continued)

## Collaborations

Evaluate the extent to which the applicant:

- Includes letters of collaboration from one partner organization in each of these categories:
  - 1) A payer/employer covering the National DPP lifestyle intervention as a health or wellness benefit.
  - 2) A clinical partner with an established system to refer eligible patients to a CDC-recognized organization offering the National DPP lifestyle intervention.
  - 3) A CBO with specific experience enrolling one or more priority populations in the National DPP lifestyle intervention.
  - 4) An organization with experience addressing health equity and SDOH-related issues.
  - 5) A CDC-recognized National DPP delivery organization with claims submission experience.

Letters should include a brief description of the work that will be accomplished by each partner, referencing back to the NOFO strategies. **(9 points)**

# Component C: Approach (continued)

## Strategies and Activities

Evaluate the extent to which the applicant:

- Provides a clear and concise narrative description of how they will implement all four of the strategies described in the Component C strategy list to achieve the performance measure targets and 5-year outcomes, with emphasis on how they will scale the National DPP lifestyle intervention through the network to reach the required enrollment targets. **(3 points)**
- Provides 1) a description of how they will administer and support the network, including the process for allocating funding to network partners and ensuring accountability of network partners for the enrollment targets and 2) a plan showing: **(5 points)**
  - How the network will screen, test, and refer sufficient numbers of both general and priority population participants to reach the enrollment targets.
  - How the network will recruit sufficient numbers and types of partners to serve the enrolled participants.
  - How the network will ensure that health benefit coverage is provided for enrolled participants.

# Component C: Approach (continued)

## Work Plan

Evaluate the extent to which the applicant:

- Presents a work plan that describes the strategies selected and the objectives/activities, and short-term performance measure baselines, targets, and data sources in alignment with NOFO outcomes. The work plan should: **(4 points)**
  - Include specific measurable, attainable/achievable, relevant, timebound/time based, inclusive, equitable (SMARTIE) objectives for each strategy for the first year and supporting activities that describe the work that will be done to achieve each objective.
  - Specify the setting(s) and population(s) of focus, and collaborative partners for work under each strategy.
- Provides a narrative summary of activities planned for each strategy for years 2-5. This summary should describe how work in years 2-5 will build on the year 1 objectives/activities and ultimately result in accomplishment of NOFO outcomes. **(3 points)**

# Component C: Evaluation and Performance Measurement (25 points)

Evaluate the extent to which the applicant:

- Indicates how key evaluation questions, posed by CDC, will be addressed as they relate to the overall evaluation plan. **(5 points)**
- Describes an evaluation design that is appropriate for the proposed strategies and is rigorous enough to determine whether activities have contributed to health and other outcomes. **(6 points)**
- Describes data collection processes and data sources that are feasible and align with the evaluation design. **(5 points)**
- Describes how a percentage of total funding will be used to provide adequate staffing and technical support for monitoring and evaluation. **(3 points)**



# Component C: Evaluation and Performance Measurement (continued)

Evaluate the extent to which the applicant:

- Describes how evaluation findings will be used for continuous program and quality improvement. **(3 points)**
- Describes how the evaluation will add to the evidence base for selected strategies. **(3 points)**
- Includes a preliminary Data Management Plan (DMP) describing, at a minimum, required information as outlined in the NOFO. **(not scored)**

# Component C: Organizational Capacity to Implement the Approach (35 points)

Evaluate the extent to which the applicant:

- Describes prior experience convening and managing a cross-sectoral partner network focused on expanding and increasing participant enrollment the National DPP lifestyle intervention. Describes ability to collect and monitor data to document progress. **(10 points)**
- Demonstrates prior experience reaching and engaging priority populations, including documentation of previous efforts to address SDOH/barriers to participation in the network area and the resulting accomplishments/impact of those efforts. **(10 points)**
- Describes a process for developing a business plan that addresses: the number and type of network partners needed, the funding allocations, and the accountability mechanisms. **(4 points)**
- Describes the geographic area the applicant will work in, including a description of how the participant enrollment goal (1,000 participants in year 1 and 10,000 by the end of the performance period) will be met. **(3 points)**

## Component C: Organizational Capacity (continued)

Evaluate the extent to which the applicant:

- Provides a staffing plan that demonstrates the applicant has access to staff or contractors/consultants with relevant subject matter expertise to lead work on the selected strategies (e.g., project manager, health equity lead, diabetes subject matter expert, evaluator). **(5 points)**
- **The Staffing Plan is an attachment to the narrative, is not included in the total page limit, and should include the following:**
  - A description of a staff member to lead the project. This individual should have previous experience with grants administration; program planning and implementation; partnership development; and staff/contractor supervision/oversight.
  - A description of how expertise in all aspects of scaling and sustaining the National DPP lifestyle intervention will be provided by network partners or other specialists.
  - A description of staff who will have the day-to-day responsibility for key tasks such as the operation of the network; monitoring of the network's ongoing progress; preparation of reports; program evaluation; and communication with network partners and CDC.

## Component C: Organizational Capacity (continued)

Evaluate the extent to which the applicant:

- Describes their ability to manage the required procurement efforts, including the ability to write and award contracts efficiently, in accordance with applicable grants regulations and in a reasonable timeframe. **(3 points)**

## Component C: Budget (not scored)

Evaluate the extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities. Although not scored, applicants must ensure their proposed budget aligns with their proposed work plan and NOFO objectives. The budget should follow the CDC Budget Guidance.

- CDC recommends that ~35% of total funding awarded be used for program delivery, with ~15% of that amount dedicated to meeting the SDOH-related needs of priority populations that impact National DPP participant enrollment and retention.
- Consider the extent to which the budget allocation reflects appropriate focus on the required NOFO strategies and activities.

# REVIEWER TIPS & RESOURCES



# Reviewer Tips and Reminders

- Review all documents provided in the applicant's folder.
- Read the Notice of Funding Opportunity (NOFO) DP23-0020.
- Review the criteria on the score sheet for your assigned component.
  - Component-specific scoring criteria are on **pages 60-69 of the NOFO.**
- Rate solely on the requirements/criteria in the NOFO.
- Do not to compare any application with another; only compare each application with the published criteria in the NOFO.
- Set aside sufficient time for the review.



## Reviewer Tips and Reminders (continued)

- Be critical. Did the applicant just repeat the NOFO language in their application, or did they provide specifics in each section of the application so you have a clear understanding of what they propose?
- State facts rather than assumptions.
- Identify strengths and weaknesses using page numbers from the application.
- Use complete sentences that are grammatically correct. Your comments will be included in the summary statements that outline strengths, weaknesses, and recommendations. These summary statements will be shared with all applicants regardless of funding outcome.
- Make sure that the numeric and qualitative scores reflect the actual strengths and weaknesses identified in the review.





## Tips for Assessing Applications

- Applicants may address requirements in different places than expected; **please give credit if the information is provided anywhere in the application.**
- Only assess what is written **in the application**; do not consider outside knowledge you may have about the applicant.
- A **few specific** comments on the strengths and weaknesses of each application can be more helpful than many general comments.

**Strengths:** Aspects of the application that are well thought-out, clear, specific, and address the review criteria

**Weaknesses:** Aspects of the application that are inadequate or need improvement

# Types of Weaknesses

## Minor (easily addressable)

- *Applicant didn't explain or describe a small point.*

## Moderate (lessens ability to implement, achieve outcomes)

- *Work plan has gaps in describing how strategies will be implemented*
- *Applicant proposes activities under one strategy that fit better for implementing a different strategy.*

## Major (severely lessens ability to implement, achieve outcomes)

- *Applicant doesn't have appropriate reach.*
- *Personnel are not hired; staffing plan doesn't address the positions to be filled.*
- *Applicant has no experience working with priority populations selected; there are no CBO partners with experience working with the priority population(s).*
- *Multi-sectoral partnership does not include a payer (Component C).*

# Helpful Resources

- [Notice of Funding Opportunity \(NOFO\) Announcement](#)
- Application resources can be found on the [DP2320 website](#).
  - [Frequently Asked Questions](#)
    - CDC responses to applicants are organized by topic and component using drop-down navigation. FAQs are helpful to review throughout your review.
  - [Developing SMARTIE objectives](#)
- Reviewer Guide for Component A
  - [CDC Component A Funding Table](#)
- Reviewer Guide for Component B
  - [List of High Need Counties](#)
- Reviewer Guide for Component C
- Programmatic questions about this NOFO can be directed to **Pat Schumacher** via email: [dp2320nofo@cdc.gov](mailto:dp2320nofo@cdc.gov).



# DP-2320 NOFO Website: A Strategic Approach to Advancing Health Equity for Priority Population with or at Risk for Diabetes

Components

The screenshot displays the CDC website for the DP-2320 NOFO. The main heading is "A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes". Below this, there are several key sections:

- General Information & Important Dates:** Includes publication date (January 6, 2023), application deadline (March 7, 2023, at 11:59 PM Eastern Time), informational call (January 13, 2023, 2:00 - 3:30 PM Eastern Time), and letter of intent due date (January 20, 2023).
- Notice of Funding Opportunity:** A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes: CDC-RFA-DP-23-0020.
- Deadline for Applications:** March 07, 2023, electronically submitted applications must be submitted no later than 11:59 pm ET on the listed application due date.
- Purpose/Summary:** The CDC announces the availability of funds for notice of funding opportunity (NOFO) DP-23-0020—A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes. This NOFO seeks to decrease risk for type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among people with diabetes.
- Eligibility:** Applicant eligibility is unrestricted and open to any organization that meets the NOFO requirements. Please refer to Section C, #2 of the NOFO for additional information on eligibility.
- Funding:** DP-23-0020 is supported by the Division of Diabetes Translation in the National Center for Chronic Disease Prevention and Health Promotion at CDC. In FY 2023, \$82,200,000 is anticipated to be awarded for Year 1 activities beginning June 2023. Approximately 77 applicants will be funded in Year 1 to complete activities in three components. The total projected estimated funding for the entire 5-year project period is \$411,000,000. Applicants may only apply for one component.

Component	Annual Funding
Component A	51 Awards: Range \$850,000-\$1,250,000
Component B	Up to 22 Awards: Range \$750,000 - \$1,100,000

Other components visible on the page include: "Get Email Updates", "DDT Websites" (Diabetes Home, State, Local, and National Partner Diabetes Programs, National Diabetes Prevention Program, Native Diabetes Wellness Program, Chronic Kidney Disease, Vision Health Initiative), and "Related CDC Websites" (Heart Disease and Stroke, Overweight & Obesity).

View this Funding Opportunity

Frequently Asked Questions

# The Reviewer Guides

Reference - <b>Component A</b> - Application Scoring Criteria		Notice of Funding Opportunity – DP23-0020 - Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes	
<p>Preparing for the Application Review:</p> <ul style="list-style-type: none"> <li>Read the Notice of Funding Opportunity (NOFO) Announcement. Download the document from the Related Documents section of the Grants.gov web page at: <a href="#">View Opportunity   GRANTS.GOV</a>. The document is named "Foa_Content_of_CDC-RFA-DP-23-0020.pdf." The NOFO is also provided as an attachment with your applications.</li> <li>Pages 61-62 of the NOFO contain the Component A evaluation criteria listed below.</li> <li>CDC responses to <a href="#">frequently asked questions (FAQs)</a> from applicants are organized by topic and component using drop-down navigation. FAQs are helpful to review throughout your review.</li> <li>Additional resources can be found on the DP2320 website at: <a href="#">A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes   CDC</a>.</li> </ul>		<p>atters of collaboration strategies.</p> <p>aging/enrolling nation.</p> <p>each partner (if</p> <p>hed by each partner,</p> <p>d/or reducing health k on the NOFO</p>	<p><b>6 points</b></p>
<p><b>Section: Approach</b></p> <p><b>Total Points: 40</b></p> <p><b>Note:</b> In your review, make sure the project narrative, work plan and budget reflect a statewide approach [or a district-wide approach if the applicant is proposing to serve the District of Columbia (D.C.)].</p>			
<p><b>Background, Purpose, and Outcomes</b></p> <p>Evaluate the extent to which the applicant: Describes specifically how they will address the public health problem described in the NOFO, with emphasis on how they will achieve statewide reach, inclusive of all populations and communities in the state.</p>	<p><b>5 points</b></p>		
<p><b>Target Populations and Health Disparities</b></p> <p>Evaluate the extent to which the applicant: Describes how the priority population(s) of focus were identified and the rationale for selecting those population(s), considering the following factors: disproportionate incidence, prevalence, or severity of diabetes disease burden and/or social vulnerability.</p>	<p><b>3 points</b></p>	<p>g narrative escribed in the easure targets and / 1 and/or strategy 5.</p> <p>ess, t education and</p> <p>Diabetes Prevention ss, appropriateness,</p>	<p><b>6 points</b></p>
<p><b>Collaborations</b></p> <p>Evaluate the extent to which the applicant: Describes how they will collaborate with organizations that have experience/expertise in:</p> <ul style="list-style-type: none"> <li>Reaching the selected priority populations.</li> <li>Addressing system or population-level needs related to the SDOH.</li> <li>Assisting the priority populations of focus in successfully engaging in the diabetes programs/services in the selected strategies.</li> <li>(Non-state or District of Columbia health department applicants should describe how they will collaborate with the state or district health department to achieve statewide or district-wide reach and leverage existing partnerships and expertise.)</li> </ul>	<p><b>6 points</b></p>	<p>≥ 13 strategies provided; they may</p> <p>evident in the project narrative,</p> <p>narrative.</p>	
<p>Evaluate the extent to which the applicant: Presents a work plan that describes the strategies selected and the objectives/activities and short-term performance measure baselines, targets, and data sources in alignment with NOFO outcomes.</p> <p>The work plan should:</p>			<p><b>6 points</b></p>