Notice of Funding Opportunity
DP23-0005: The Innovative Cardiovascular Health Program
Application Reviewer Guide

Preparing for the Applicant Review:

- Read the Notice of Funding Opportunity (NOFO) Announcement. Download the document from the Related Documents section of the Grants.gov web page at: https://www.grants.gov/web/grants/view-opportunity.html?oppId=342936. The document is named "Foa_Content_of_CDC-RFA-DP-23-0005.pdf." The NOFO is also provided as an attachment with your applications
- Pages 43-45 contain the evaluation criteria listed below.

Quick Links to Reviewer Reference Materials:

- NOFO Information webpage: The Innovative Cardiovascular Health Program | cdc.gov
- FAQs: CDC response to The Innovative Cardiovascular Health Program Frequently Asked Questions (FAQs) | cdc.gov from applicants are organized by topic using a drop-down navigation.
- Funding Strategy: Page 13 contains the Funding Strategy
- NOFO Information Webinar (For Applicants): The Innovative Cardiovascular Health Program | cdc.gov
- Workplan Requirements:
    - The Objective Review Panel Presentation, Slide Page 27
    - Developing SMARTIE Objectives Resource: SMARTIE Goals Worksheet - The Management Center

Please use this email NCCDPHP@grantreview.org for any programmatic questions that come up during your review. Put "Reviewer Question and Applicant Name" in the subject line and please include a telephone number where the subject matter expert may call you.

Section: Approach	**Points: 35**

Purpose, Outcomes, Strategies and Activities

The extent to which the applicant:

Describes specifically how their application will address the public health problem described in the NOFO, that aligns with the logic model in the Approach section, and how the strategies and activities will be used to achieve the period of performance outcomes.

Collaborations

The extent to which the applicant:

Describes how they will collaborate with programs and organizations either internal or external to CDC that will address collaboration requirements.

Note:

Letters of support, memorandum of understanding (MOU), or memoranda of agreement (MOA) identify a firm commitment from providers and partners that outline the relationship, needs, and resources provided.
Target Populations The extent to which the applicant: Describes the specific target population(s) in their jurisdiction and how the target will achieve the NOFO goals and alleviate health disparities. In addition to including how specific populations can benefit from the program. **Note:** *Populations of focus for this NOFO are adults aged 18 and older with a hypertension crude prevalence of 53% or higher, as shown by data specifically at the census tract level.*

Overall Program Strategy	**12 Points**
The extent to which an applicant describes: • Establishing, or aligning with and joining an existing, learning collaborative (LC) that serves as a hub of entities focused on developing innovative approaches to improve overall cardiovascular (CVD) health to mitigate social service and support needs and other associated risk factors for CVD within populations of focus.	4 Points
• An approach to using Geographic Information Systems (GIS), or other Geo-mapping technology that highlights census geographies to identify populations of focus, adults aged 18 and older with a hypertension crude prevalence of 53% or higher, as shown by data specifically at the census tract level.	4 Points
• An approach to working through partners to increase the percentage of adults within populations of focus 18-65 years of age who have had a hypertension diagnosis and among those diagnosed have had their blood pressure adequately controlled during the measurement year.	4 Points
Notes: • *An LC is defined as a group of public health entities, health care providers, and community leaders and their partners with experience working to address and implement evidence-based or evidence-informed practices for CVD prevention, detection, control, and management within populations of focus.* • *Entities on the LC must have a history of collaborating to achieve sustainable change; and facilitate communication and the exchange of ideas between health organizations, and public health entities.* • *The goals of an LC are: 1) prioritizing population and communities with the highest prevalence of CVD with a focus on advancing health equity; 2) serving populations and communities affected disproportionately by CVD due to unfair opportunity structures and SDOH (e.eg, limited health care access, inadequate or poor of health care, economic instability, and achieving optimal health outcomes).*	
Strategy 1: Track and Monitor Clinical Measures Shown to Improve Health and Wellness, and Health Care Quality Within Approved Populations of Focus with Hypertension and High Cholesterol.	**6 Points**
The extent to which an applicant describes how they will:	

• Advance the adoption and use of EHRs and HIT to identify, track, and monitor clinical and social support needs measures to address health care disparities and health outcomes within approved populations of focus.	3 Points
• Promote the use of standardized processes or tools, such as GIS or other Geo-mapping tools, to identify the social services and support needs within approved populations of focus, and monitor and assess their referral utilization of those services, such as the need for transportation, housing, childcare, etc.	3 Points
Strategy 2: Implement Team-Based Care to Prevent, Detect, Control, and Manage Hypertension and High Cholesterol Within Approved Populations of Focus.	**6 Points**
The extent to which an applicant describes how they will: • Advance the use of health information systems that support team-based care to monitor and address hypertension and high cholesterol within approved populations of focus.	2 Points
• Assemble or create multi-disciplinary teams to identify social services and support needs within approved populations of focus.	2 Points
• Build and manage a coordinated network of multi-disciplinary partnerships that address identified barriers and needs within approved populations of focus, related to their social services and support needs (e.g., childcare, transportation, language translation, food assistance, and housing.	2 Points
Strategy 3: Link Community Resources and Clinical Services that Support Comprehensive Bi-directional Referral and Follow-Up Systems Aimed at Mitigating Social Services and Support Barriers for Optimal Health Outcomes Within Approved Populations of Focus.	**6 Points**
The extent to which an applicant describes how they will: • Create and enhance community-clinical links to identify social determinants of health {(SDOH) e.g., housing, transportation, access to care, and community resources} and respond to the individual social services and support needs within approved populations of focus.	2 Points
• Identify and deploy dedicated CHWs (or their equivalents) to provide a continuum of care and services which extend the benefits of clinical interventions and address social services and support needs leading to optimal health outcomes within approved populations.	2 Points
• Promote the use of self-measured blood pressure monitoring with clinical support within approved populations of focus.	2 Points
Work Plan	**5 Points**
The extent to which an applicant: • Provides a detailed workplan for the first year of the award and describes the activities and timelines that will support the achievement of the outcomes. Activities must align with the logic model and have appropriate performance measures or milestones for accomplishing tasks. A timeline, evaluation, data collection activities, and staff person responsible for oversight must be included.	5 Points
Notes:	

• *Baselines, targets for first reporting period (6 months), and data sources should be provided for all short-term and intermediate performance measures.* • *The work plan is not included in the 20-page limit.*	
Section: Evaluation and Performance Measurement	**Total Points: 30**
The extent to which an applicant: • Describes specific evaluation questions, in addition to the broad evaluation questions posed by CDC, that their proposed evaluation will answer and that are aligned with the purpose of this Cooperative Agreement to improve hypertension control within approved populations of focus.	3 points
• Describes an evaluation design rigorous enough to clearly document the innovative approaches to the proposed strategies and the contribution of the strategies to outcomes outlined in the logic model. This design should include a clear description of indicators, data sources, data collection methods, analysis plans, and dissemination activities.	3 points
• Clearly describes their access to performance measure data (e.g., hypertension control within approved populations of focus) and how they will meet the requirements to report performance measure data to CDC semiannually.	14 points
• Clearly demonstrates how and how much of the total funding is allocated to evaluation and performance measurement. This should be explicitly described in the Evaluation and Performance Measurement section and documented in the staffing plan and budget.	9 points
• Includes a preliminary Data Management Plan (DMP)	1 point
Notes: *At a minimum, the evaluation and performance measurement plan must describe:* 1. *How performance measures will be collected, respond to evaluation questions, and use evaluation findings for continuous program quality improvement.* 2. *How key partners will participate in the planning processes.* 3. *Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., proposed evaluation measures), including a plan to update it as new pertinent information becomes available.* *The evaluation and performance measurement plan should ensure evaluation questions align with NOFO purpose, describe a rigorous evaluation design to document innovative approaches, describe access to performance measure data, and describe evaluation funding allocation (CDC strongly recommends 15%).*	
Section: Applicant's Organizational Capacity to Implement the Approach	**Total Points: 35**
Organizational Capacity	**25 Points**
The extent to which an applicant: • Describes how they will coordinate efforts with other publicly and privately funded programs within the state to leverage resources and maximize reach and impact to address SDOH and social services and support needs related to CVD within approved populations of focus.	5 points

• Describes their capacity to manage programs and resources ensuring administrative, financial, and staff support necessary to sustain activities. This includes describing an adequate staffing plan, providing CVs or resumes for proposed personnel, a description of how program performance will be monitored and how the program will be adjusted to address identified challenges, an organizational chart, and a project management structure that clearly defines staff roles and reporting structure as it applies to this funding opportunity.	5 Points
• Describes a dedicated staff explicitly included in the work plan and budget, who will focus on health inequities and build relationships at the designated levels to decrease health care disparities and advance equity.	5 Points
• Describes their previous experience working with organizations to implement interventions within approved populations of focus.	5 Points
• Describes their proposed program plan that demonstrates the ability to document and disseminate evaluation findings, outcomes, and recommendations, including the outcomes and achievements resulting from collaborative work with partners.	5 Points
Note: *The applicant must describe dedicated staff person who will focus on health inequities and build relationships, identify experience working with organizations to implement interventions with populations of focus, and describe their ability to document and disseminate findings.*	
Collaborations	**10 Points**
The extent to which an applicant: • Describes how they will collaborate with CDC-funded programs and health equity subject-matter experts.	3 Points
• Describes how they will establish or partner with multi-sectorial learning collaboratives (LC) and collaborate with organizations with a history of working within approved populations of focus.	5 Points
• Provides letters of support or Memorandums of Agreement from proposed LC partners.	2 Points
Budget	**Not Scored**
The extent to which an applicant: Describes how the budget supports the work plan and evaluation plan. • Provides an accurate and reasonable budget. • Describes how and how much of the total funding is allocated to evaluation and performance measurement.	
Notes: • *Funding provided will range from $650,000 to $1,200,000, with an average award of $950,000 and based on priority populations.* • *The budget must include the following: salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other categories, contractual costs, total direct costs and total indirect costs.*	

- *Direct Assistance (DA) is not available through this NOFO.*
- *No cost sharing and/or matching requirement under this NOFO.*
- *Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award.*