



CDC-RFA-DP-23-0020

**A Strategic Approach to Advancing Health Equity for Priority Populations with
or at Risk for Diabetes**

**Department of Health and Human Services
Centers for Disease Control - NCCDPHP**

GENERAL INFORMATION

Document Type:	Grants Notice
Funding Opportunity Number:	CDC-RFA-DP-23-0020
Funding Opportunity Title:	A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes
Opportunity Category:	Discretionary
Opportunity Category Explanation:	
Funding Instrument Type:	Cooperative Agreement
Category of Funding Activity:	Health
Category Explanation:	
Expected Number of Awards:	77
CFDA Number(s):	93.988 -- Cooperative Agreements for State-Based Diabetes Control Programs and Evaluation of Surveillance Systems
Cost Sharing or Matching Requirement:	No

Version:	Synopsis 1
Posted Date:	Jan 06, 2023
Last Updated Date:	Jan 06, 2023
Original Closing Date for Applications:	Mar 07, 2023 Electronically submitted applications must be submitted no later than 11:59 pm ET on the listed application due date.
Current Closing Date for Applications:	Mar 07, 2023 Electronically submitted applications must be submitted no later than 11:59 pm ET on the listed application due date.
Archive Date:	Apr 06, 2023
Estimated Total Program Funding:	\$411,000,000
Award Ceiling:	\$3,300,000
Award Floor:	\$750,000

ELIGIBILITY

Eligible Applicants:

Native American tribal organizations (other than Federally recognized tribal governments)
 Public and State controlled institutions of higher education
 Independent school districts
 Private institutions of higher education
 Small businesses
 Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education
 State governments
 Public housing authorities/Indian housing authorities
 County governments
 Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
 Others (see text field entitled "Additional Information on Eligibility" for clarification)
 Special district governments
 For profit organizations other than small businesses
 Native American tribal governments (Federally recognized)
 Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"
 City or township governments

Additional Information on Eligibility: The NOFO contains 3 components: A, B, and C. Applicants may apply for only 1 component. Applications will be considered non-responsive and will receive no further review if the following criteria are not met: All applicants must identify the component they are applying for in the project abstract. If the applicant does not identify the component in the project abstract, the application will be deemed non-responsive. If an applicant applies for more than 1 component, both applications will be considered non-responsive. All applications must contain a Table of contents, a Project Abstract, a Project Narrative (including work plan), and a Budget Narrative. Applications submitted without these documents will be considered non-responsive. Component A Applicants: Must be physically located in the state or district they are proposing to serve. Applicants must identify the state or district they are proposing to serve along with their physical address in the project abstract. If this information is not identified in the project abstract, the application will be deemed non-responsive and will not receive further review. Component B Applicants: Applicants' proposed work must be in one or more of the "high need" counties identified on the list available at: <https://www.cdc.gov/diabetes/funding-opportunity/NOFO-CDC-RFA-DP23-0020.html>.that, together, comprise a population of at least 350,000* people. Applicants must identify the high-need county(s)* and population(s) from the provided list in the project abstract. If this information is not identified in the project abstract, the application will be deemed non-responsive and will not receive further review. *Note that 350,000 people was determined to be a minimum reach for work in Component B, given the projected award amounts and the estimated number of people with and at risk for diabetes who will need to be reached in order to achieve substantive participation in the National DPP lifestyle intervention, DSMES, and related programs/services addressed in the NOFO strategies. ***"High need" counties were defined by CDC using a formula based on disproportionate diabetes burden (diabetes prevalence > 8.4% and incidence > 9.6 per 1,000 people), a disproportionate number of persons at risk for type 2 diabetes (obesity prevalence > 28.3%), and a disproportionate level of social needs as defined by a social vulnerability index of > 0.5.).

ADDITIONAL INFORMATION

Agency Name:

Centers for Disease Control - NCCDPHP

Description:

This notice of funding opportunity (NOFO) seeks to prevent or delay onset of type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among people with diabetes. Additionally, this NOFO will support implementation of evidence-based, family-centered childhood obesity interventions as a type 2 diabetes risk reduction strategy. All work supported under this NOFO will focus on reducing health disparities and achieving health equity for priority populations*, 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.

The NOFO contains 3 components: A, B, and C. Applicants may apply for only 1 component.

Component A: Statewide Evidence-based Approaches to Diabetes Management and Type 2 Diabetes Prevention

Component A will fund 1 organization in each of the 50 states and the District of Columbia (D.C.) to implement and evaluate work on a menu of evidence-based strategies. These strategies aim to decrease risk for type 2 diabetes among adults with prediabetes or at high risk for type 2 diabetes; improve self-care practices, quality of care, and early detection of complications among priority populations* with diabetes; and support implementation of evidence-based, family-centered childhood obesity interventions as a type 2 diabetes risk reduction strategy.

Applicants will select a minimum of 6 of 13 strategies provided on a menu and must include one or both of the following strategies among their selections.

Strengthen self-care practices by improving equitable access, appropriateness, and/or feasibility of diabetes self-management education and support (DSMES) services.

Increase enrollment and retention of priority populations* in the National Diabetes Prevention Program (National DPP) lifestyle intervention by improving equitable access, appropriateness, and/or feasibility of the program.

Applicants must have a physical location in the state they are applying to serve, or in D.C. if applying to serve the District of Columbia. Applicants' work, in total, under Component A should achieve statewide reach (district-wide reach in D.C.) and should aim to reduce and ultimately eliminate health disparities and achieve health equity for priority populations*, as defined above. Applicants must 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 and/or social vulnerability. Applicants must describe any prior

experience working with their selected populations and/or demonstrate involvement and support from these groups for the work proposed. Applicants are encouraged to focus efforts in high need counties disproportionately impacted by diabetes and social vulnerability. (A list of counties that meet these criteria will be provided).

For each strategy selected, applicants will describe how they will tailor their activities and approaches to reach, engage, and support the priority population(s)* selected.

Between 10-20% of total funding requested for Component A (minimum of 10%) should be used to address system or population-level needs related to the social determinants of health (SDoH) that support the priority population(s)* engaged in the selected program strategies. SDoH—the conditions in which we live, learn, work, and play—have a significant impact on health. They influence the opportunities available to practice healthy behaviors, enhancing or limiting the ability of individuals to live healthy lives. More information on the CDC National Center for Chronic Disease Prevention and Health Promotion's SDoH Framework can be found at <https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>. Some examples of SDoH-related system or population-level approaches to support the priority population(s) engaged in selected program strategies include work to increase available greenspace and safe places to exercise; address policies and other supports to improve access to healthy food—particularly in food deserts—or decrease intake of unhealthy food; and collaborate or leverage existing work with agencies and offices responsible for urban planning, transportation, housing, and other relevant programs or services to create environments that support health and healthy lifestyles.

Component B: Local Evidence-based Approaches to Diabetes Management and Type 2 Diabetes Prevention

Component B will fund up to 22 organizations to implement and evaluate work on a menu of evidence-based strategies in very high need counties disproportionately impacted by diabetes and social vulnerability. (A list of counties that meet these criteria will be provided). These strategies aim to decrease risk for type 2 diabetes among priority populations* with prediabetes or at high risk for type 2 diabetes; improve self-care practices, quality of care, and early detection of complications among priority populations* with diabetes; and support implementation of evidence-based, family-centered childhood obesity interventions as a type 2 diabetes risk reduction strategy.

Applicants will select a minimum of 4 of the 13 strategies provided on a menu and must include one or both of the following strategies among their selections.

Strengthen self-care practices by improving equitable access, appropriateness, and feasibility of diabetes self-management education and support (DSMES) services.

Increase enrollment and retention in the National DPP lifestyle intervention by improving equitable access, appropriateness, and feasibility of the program.

Applicants' work, in total, under Component B should reach a population greater than or equal to 350,000 across one or more of the counties disproportionately impacted by diabetes and social vulnerability. (These counties will be listed in the NOFO along with their populations. They were identified based on a formula that incorporates both diabetes disease burden and social vulnerability.) Applicants must aim to reduce and ultimately eliminate health disparities and achieve health equity for priority populations*, as defined above.

Applicants will identify the specific communities/localities they will work in within the counties selected and describe the size and make-up of those communities and the priority population(s)* they will focus on. Applicants will also describe their rationale for selecting those communities/population(s) and any prior experience working in those areas and with the selected populations and/or demonstrate involvement and support from these groups for the work proposed.

For each strategy selected, applicants will describe how they will tailor their activities and approaches to reach, engage, and support the priority population(s)* selected.

To carry out their work, Component B applicants must establish partnerships with community-based organizations (CBOs) in their selected counties with experience and expertise engaging the priority populations* of focus. Component B applicants must sub-award a minimum of 30% of total funding to their CBO partners to support implementation of the diabetes self-management education and support (DSMES) and/or National Diabetes Prevention Program (National DPP) strategies selected from the menu and to help eliminate social determinants of health-related barriers to recruitment, enrollment, and retention of priority populations* in the evidence-based diabetes prevention/management programs described in the NOFO. SDoH—the conditions in which we live, learn, work, and play—have a significant impact on health. They influence the opportunities available to practice healthy behaviors, enhancing or limiting the ability of individuals to live healthy lives. More information on the CDC National Center for Chronic Disease Prevention and Health Promotion's SDoH Framework can be found at <https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>. Some examples of SDoH-related system or population-level approaches to support the priority population(s) engaged in selected program strategies include work to increase available greenspace and safe places to exercise; address policies and other supports to improve access to healthy food—particularly in food deserts—or decrease intake of unhealthy food; and collaborate or leverage existing work with agencies and offices responsible for urban planning, transportation, housing, and other relevant programs or services to create environments that support health and healthy lifestyles.

Component C: Using Multisectoral Partner Networks to Scale and Sustain the National Diabetes Prevention Program (National DPP) to Reach Priority Populations

Component C will support ~3-4 multisectoral partnership networks in different locations of the US to simultaneously and collaboratively address 4 aspects of work proven necessary to grow and sustain the National DPP to better engage, enroll, and retain priority populations*. This includes 1) Administrative Infrastructure, 2) Participant Referrals and Enrollment, 3) Program Delivery and Participant Support, and 4) Payment/Coverage.

Participant enrollment will focus on priority populations* (primary focus) as well as the general eligible population within the targeted service area.

Applicants will serve as a hub (backbone) organization supporting the network and will be required to convene and fund partners from multiple sectors, to include payers, CDC-recognized National DPP delivery organizations, health care organizations, community-based organizations (CBOs), organizations with demonstrated experience reaching and engaging the priority populations* of focus, and partners that address SDoH related needs.

Applicants will be required to define the geographic area(s) they will work in and identify their priority population(s)* of focus.

Applicants will describe the approaches they will use across the network of partners to address barriers related to social needs or the SDoH that negatively impact enrollment and retention among their priority populations* of focus.

Each applicant will be required to submit signed memorandums of understanding (MOUs) with an adequate number of payers, health care organizations, CBOs, organizations with demonstrated experience reaching and engaging the priority populations* of focus, partners that address SDoH-related needs, and both in-person and virtual CDC-recognized National DPP delivery organizations to enroll at least 10,000 participants in the first year and demonstrate that it has the capacity to submit claims to payers. MOUs must specify both program enrollment targets and the percentage of award funding that will be provided to each partner in the network.

Priority will be given to those applicants who present a plan to meet at least 50% of the 10,000 enrollment goal for year 1 by reaching and enrolling eligible 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.

Link to Additional Information: See Related Documents

Grantor Contact Information: If you have difficulty accessing the full announcement electronically, please contact:

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