

**DOH** STATE OF NEW YORK  
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
Commissioner

Dennis P. Whalen  
Executive Deputy Commissioner

November 8, 2006

Dear Colleague:

The New York State Department of Health (NYSDOH) Arthritis Program and Health Research, Inc. (HRI) are seeking organizations interested in implementing arthritis evidence-based intervention programs for persons with arthritis and related diseases. During the last several years, the Arthritis Program has offered funding opportunities for community organizations to implement interventions. This year, we are interested in applications from health systems and other organizations or networks that have access to relevant populations and/or multiple delivery sites. Previous awardees are eligible to apply; however, they must be part of larger systems, collaboratives, or networks.

The evidence-based interventions are the 8-week/2x weekly Arthritis Foundation Exercise Program and either the Stanford University-developed 6-week Arthritis Foundation Self Help Program or the Chronic Disease Self Management Program. All programs are proven interventions in the management of arthritis and related diseases. More information about each program can be found at the Centers for Disease Control and Prevention website: <http://www.cdc.gov/arthritis/intervention/index.htm> or the Stanford Patient Education Research Center website: <http://patienteducation.stanford.edu/programs>.

We anticipate that up to four applications will be funded. Maximum funding for each grantee is \$5,000. Contracts will be administered by HRI with funding provided by the Centers for Disease Control and Prevention. A copy of the boilerplate contract that you will be expected to sign is attached. Organizations in New York State that can demonstrate access to the target population via multiple sites or through a collaborative network are invited to apply, such as rural health networks, Area Agencies on Aging, health insurers, hospitals, Area Health Education Centers, Cooperative Extensions, worksites, local health units, and others who serve, or have access to, people with arthritis or other chronic diseases. The NYS Dept. of Health/HRI reserves the right to award grants based on geographic or regional considerations to serve the best interest of the state.

Applicants should contact the New York State Department of Health Arthritis Program to obtain application forms and additional information. Technical or operational questions about this funding opportunity can also be directed to:

Mari T. Brick  
Arthritis Program Manager  
Bureau of Health Risk Reduction  
New York State Department of Health  
150 Broadway, Riverview Center, 3 West, Albany, NY 12204  
518-408-5142, [mtb02@health.state.ny.us](mailto:mtb02@health.state.ny.us)

Application packages are to be postmarked by January 8, 2007. We look forward to working with you to reduce the burden of arthritis in New York State.

Sincerely,



Mari T. Brick  
Arthritis Program Manager



**ARTHRITIS INTERVENTION PROGRAMS  
FOR PERSONS WITH ARTHRITIS  
AND RELATED DISEASES**

**NEW YORK STATE DEPARTMENT OF HEALTH  
DISABILITY AND HEALTH AND ARTHRITIS PROGRAMS**

**INSTRUCTIONS**

**Application Guidelines:** Submit the original and three copies of the application. Applications must be typed in 12-point font, single-spaced and 8 to 10 pages in length (excluding cover sheet, letters of support, and any appendices).

**Deadline:** All applications must be postmarked by January 8, 2007.

**Application packages should be submitted to:**

Mari T. Brick  
Arthritis Program Manager  
Bureau of Health Risk Reduction  
New York State Department of Health  
150 Broadway, Riverview Center, 3 West  
Albany, NY 12204  
518-408-5142  
[mtb02@health.state.ny.us](mailto:mtb02@health.state.ny.us)

**Application packages must include the following items:**

- ✓ Application Cover Sheet
- ✓ Affirmation Sheet
- ✓ Application
- ✓ Budget and Budget Justification



## **I. Introduction**

### **A. Program Description**

Beginning in 2004, the NYSDOH Arthritis Program distributed an RFA for the implementation of evidence-based arthritis interventions. Since its inception in 2001, the NYSDOH Arthritis Program, in collaboration with the Arthritis Foundation and other partners, has reached over 900 new participants and trained over 120 new program instructors in New York State.

### **B. Background**

Arthritis is the leading cause of disability in New York State (NYS) and the nation. Approximately 4 million adult New Yorkers currently live with doctor-diagnosed arthritis. As the population ages, the incidence of arthritis will increase. Arthritis is particularly prevalent among older adults, affecting about 1.4 million of those aged 65 years and older. By the year 2025, the number of older adults with doctor-diagnosed arthritis is projected to approach 4.1 million. The current estimates do not take into account the number of adults with chronic-joint symptoms, or possible arthritis, which encompasses another 2.2 million adults. Arthritis and related diseases cost New York State an estimated \$5.7 billion annually (CDC, 2004).

The term arthritis is used to describe more than 100 rheumatic diseases and conditions that affect joints, the tissues which surround the joint and other connective tissue including: osteoarthritis, rheumatoid arthritis, lupus, gout, fibromyalgia, and ankylosing spondylitis.

Individuals who have been diagnosed with arthritis or who have possible arthritis can manage their disease better through the implementation of evidence-based self management programs such as the Arthritis Foundation Self Help Program, the Chronic Disease Self Management Program, and the Arthritis Foundation Exercise Program. Evidence-based arthritis interventions have been shown to decrease the pain associated with the disease, decrease physician visits, and improve the quality of life for people with arthritis and other chronic diseases. Positive health outcomes have been reported four years after course participation.

Each of the above program models are designed as a Train-the-Trainer approach. It is expected that awardees will recruit program leaders/instructors and, with the assistance of the Arthritis Program, make arrangements for leader/instructor training. Both the Arthritis Foundation Self Help Program and the Chronic Disease Self Management Program require two leaders per course, while the Exercise Program requires one leader per course. Leader trainings consist of 1-4 training days depending on the program. Persons successfully completing the leader training will implement the program at identified locations within the participating organization or network. Awardees are expected to recruit program participants.

For more information regarding the evidence-based arthritis interventions visit the CDC Arthritis website at: <http://www.cdc.gov/arthritis/intervention/index.htm>, the Stanford Patient Education

Research Center website at: <http://patienteducation.stanford.edu/programs/>, or the Arthritis Foundation website at: <http://www.arthritis.org>.

### **C. Goal**

This Request For Applications (RFA) will support arthritis intervention programs. The initiative targets health systems and networks such as those listed below. These organizations are poised to reach a large number of affected individuals, resulting in benefits such as decreased costs and increased symptom management. The desired outcome of this initiative is to establish contracts of a twelve-month duration with the awardees to provide evidence-based intervention programs to persons with or at risk for arthritis. Awards for each grant will be approximately \$5,000 and will reflect NYS' geography and diversity. Current plans are to issue approximately four awards.

## **II. Who May Apply**

Eligible applicants for this RFA include not-for-profit NYS organizations such as:

Rural Health Networks	Local Health Units	Health Insurers/Managed
Area Agencies on Aging	Hospitals/Clinics	Care Companies
Area Health Education Centers	Cooperative Extensions	Employers/Worksites
	Community Collaboratives	

Organizations with a demonstrated history of working with underserved populations and whose workplans illustrate enhanced/extensive community collaboration, especially with other chronic disease programs, local health units, and agencies representing diverse populations are encouraged to apply.

## **III. Administrative Requirements**

### **A. THE DEPARTMENT OF HEALTH/HRI RESERVES THE RIGHT TO**

1. Award grants based on geographic or regional considerations to serve the best interests of the state.

### **B. Term of Contract**

1. It is expected that contracts resulting from this RFA will have the following time period: Twelve months.

### **C. Payment & Reporting Requirements**

1. HRI may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed 20 percent.
2. The grant contractor shall submit quarterly invoices to NYS' designated payment office:

*Fiscal Unit, Attn: Marianne Daniels-Bross  
NYS Department of Health  
ESP, Corning Tower, Room 515  
Albany, NY 12237*

3. The grant contractor will be required to submit the following periodic reports:  
Quarterly narrative progress reports with reach data.
4. The NYSDOH/HRI may conduct on-site visits for the purpose of reviewing the program, observing activities and meeting with staff.

## **IV. Completing the Application**

### **Application Format**

Applications must be 8-10 single-spaced typed pages (not including the budget and attachments), using a 12-point font with one-inch margins. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

**Instructions:** Follow the outline below to prepare applications to conduct arthritis programming for people with arthritis and related diseases. Acceptable interventions include the Arthritis Foundation Self Help Program, the Chronic Disease Self Management Program, and the Arthritis Foundation Exercise Program. Be sure to address each section completely, including each of the numbered items. Proposals will be evaluated against a total possible score of 100 points. Points for each section are indicated in parentheses.

**Due Date:** All applications must be postmarked by January 8, 2007.

#### **Statement of Need (15 points)**

Demonstrate understanding of the need for health promotion programming for persons with arthritis and related diseases. It is required that the Arthritis Foundation Exercise Program is offered to participants. Along with this program, you must offer one of the following: the Arthritis Foundation Self Help Program **OR** the Chronic Disease Self Management Program. Describe the population you typically serve including race, gender, types of disabilities, and services provided.

### **Implementation of Workshop Series (20 points)**

For both the staff of the organization and course participants in the arthritis program, describe the barriers to and benefits of, participation in the arthritis program. Propose strategies to overcome barriers and describe how the benefits to program participants will be sustained over the life of the grant.

### **Organizational Capacity and Experience (20 points)**

**Address each of the items below. Wherever possible, use examples of previous organizational experience to support proposed methods for implementation of arthritis programming.**

1. Describe any workshops or training programs that your program may have planned and conducted during the last two years. Highlight those that focused on health issues, the prevention of conditions secondary to disabilities, recreation or leisure time physical activity, or self-advocacy. Describe the demographics of participants.
2. Propose specific methods by which you would plan and conduct a training program that is continuous in nature (having the requirement that the same participants meet several times over a period of weeks or months).
3. Describe your strategies to ensure continued participant attendance and participation at each session over the course of the training program.
4. Describe how you would promote and advertise the training or workshop series. Provide a detailed description of anticipated recruitment methods (e.g., newspapers, radio, mailings, direct outreach). Include description of staff responsible, anticipated length of time to meet recruitment targets, potential sources of recruitment outside the regular clientele, cost of recruitment and methods to reach these individuals.
5. Describe the methods that will be used to recruit participants of underrepresented groups in your area. Include a description of how participation will be sustained and how follow-up will be conducted.
6. Describe how you would complete “reach” data collection. Reach data is defined as the number of courses offered, the number of new participants, and the number of completers. Describe potential barriers in gathering this information and methods to overcome these barriers. The NYSDOH Arthritis Program and Disability and Health Program will supply contractors with a standard “reach” data collection table.
7. Describe ways trained individuals could continue to offer these services beyond the support of this grant.

**Personnel (20 points)**

Describe the leaders who will conduct the arthritis programming:

1. If these individuals are existing employees, specifically describe how responsibility for the arthritis program(s) will be integrated into their existing responsibilities. (Staff/time requirements are described in the sample budget enclosed). Attach resume(s).
2. If these individuals will be consumer leaders, describe what methods you will use to ensure these individuals can fulfill the obligations and achieve successful completion of the project.
3. For any individual who will be conducting the arthritis program(s), describe their experience with peer counseling techniques.
4. Of the anticipated program leaders, who has been previously trained and when, and who requires training? How many leaders will conduct the proposed programs?

**Partnerships (10 points)**

Describe the partnerships that exist or will be created in order to implement the arthritis self-management programs. What role will each partner fulfill in program implementation? Include how the local Arthritis Foundation chapter or branch will be a part of the planning and implementation process. Describe how the programs will be sustained in the community after the grant funding ends.

**Transportation (5 points)**

Describe how participants will be able to get to and from the scheduled programs. Describe if funds will be used to reimburse participant and/or leader travel. Funds may be used to arrange or assist with wheelchair accessible transportation.

**Budget (5 points)**

The maximum allowable award per application is \$5,000 to conduct a minimum of four courses consisting of two Arthritis Foundation Exercise Program AND either two Arthritis Self Help Program or two Chronic Disease Self Management Program reaching a minimum total of 70 new participants. A sample budget is attached which depicts how costs are typically apportioned by category to conduct the programs. If different cost categories are included other than in the sample budget, they must be justified. All personnel time and costs, transportation, and miscellaneous expenses must be itemized. It is acceptable to subcontract with the Arthritis Foundation for leader/instructor training, program materials, and other services.

**Letters of Support (5 points)**

Submit three letters of support. It is preferable if one letter comes from your local Arthritis Foundation Chapter (see attachment A).



New York State Department of Health

**ARTHRITIS INTERVENTION PROGRAMS FOR PERSONS WITH  
ARTHRITIS AND RELATED DISEASES**

**APPLICATION COVER SHEET**

**Applicant contact information (please print or type):**

**Name of Contact:**

**Name of Applicant:**

**Federal Identification Number:**

**Address:**

**Phone:**

**Fax:**

**E-mail Address:**

**What evidenced-based programs, from the list provided, are you proposing to implement, and how many of each?**



## GRANTEE AFFIRMATION SHEET

**If selected as a NYS implementation site for arthritis programming, the grantee must perform the activities listed below. Please indicate whether or not your organization can perform the activities. If you answer “No” to any of the items below, please provide an explanation of alternate means to meet the activity and submit with affirmation.**

	YES	NO
One or two individuals who will conduct the programs must complete the entire program leader training. Note: The number of trainers and the length of training will depend on the program combination chosen to implement.	<input type="checkbox"/>	<input type="checkbox"/>
Arrange for <b>accessible</b> , quiet meeting space in which to conduct the programs.	<input type="checkbox"/>	<input type="checkbox"/>
Assist with participant transportation needs and/or arranging for accessible transportation, if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conduct at least two courses of each program: the 8-week, 2x weekly Arthritis Foundation Exercise Program AND either the 6-week Arthritis Self Help Program or the Chronic Disease Self Management Program</b>	<input type="checkbox"/>	<input type="checkbox"/>
Willing and able to collect “Reach” data*. Provide the “Reach” data to the NYSDOH Arthritis Program at the completion of each program.	<input type="checkbox"/>	<input type="checkbox"/>

\*Data collection tool will be provided by the NYSDOH Arthritis Program.

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**Signature of Executive Director**

**Date**

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SAMPLE BUDGET**NEW YORK STATE DEPARTMENT OF HEALTH ARTHRITIS  
INTERVENTION PROGRAMS**

**The maximum amount of funds for each grantee is \$5,000. These funds can support staff time to plan and implement the intervention programs. On a separate page, please provide a justification for each budget item.**

BUDGET LINE	AMOUNT <i>(Examples only – actual costs may vary)</i>
Staff time for program oversight/implementation for 2 courses	\$2,250 - The average hourly wage is \$45 per hour multiplied by 50 hours.
Advertising/ postage	\$750 - 600 informational packets will be mailed at the cost of \$1.25 per packet
Transportation of participants/leaders/instructors	\$500 - Participants may utilize public transportation and other forms of transportation such as mini-van and buses, which are at a fee-for-hire. Volunteer mileage reimbursement is at 44.5 cents per mile.
Course materials for participants	\$1,400 - \$20 per person (minimum 70 participants total)
Course materials for leaders/instructors	\$100 - \$50 per leader



## NEW YORK STATE ARTHRITIS FOUNDATION CHAPTERS

### **New York Chapter**

122 East 42<sup>nd</sup> St., 18<sup>th</sup> Floor  
New York, NY 10168  
(212) 984-8700

*Serving the five Boroughs, Westchester, Sullivan,  
Rockland, Orange, Dutchess, Ulster, & Putnam counties*

### **Long Island Chapter**

501 Walt Whitman Rd.  
Melville, NY 11747  
(631) 427-8272

*Serving Nassau and Suffolk counties*

### **Northeastern NY Chapter**

1717 Central Ave., #105  
Albany, NY 12205  
(518) 456-1203

*Serving Albany, Columbia, Delaware, Fulton, Greene,  
Hamilton, Montgomery, Otsego, Rensselaer, Saratoga,  
Schenectady, Schoharie, Warren, & Washington  
counties*

### **Northern New England Branch**

6 Chenell Dr., Suite 260  
Concord, NH 03301  
(603) 224-9322

*Serving Clinton, Franklin, & Essex counties*

### **Upstate NY Chapter**

3300 Monroe Ave., Suite 319  
Rochester, NY 14618  
(585) 264-1480

*Serving Allegany, Cattaraugus, Chautauqua, Erie,  
Genesee, Livingston, Monroe, Niagara, Ontario,  
Orleans, Schuyler, Seneca, Wayne, Wyoming, & Yates  
counties*

### **Buffalo Branch**

462 Evans St.  
Williamsville, NY 14221  
(716) 626-0333

*Serving Erie County*

### **Central NY Branch**

290 Elwood Davis Rd., Suite 225  
Liverpool, NY 13088  
(315) 455-8553

*Serving St. Lawrence, Jefferson, Lewis, Oswego,  
Cayuga, Onondaga, Madison, Oneida, Herkimer,  
Cortland, Tompkins, Chenango, Broome, Tioga,  
Steuben, & Chemung counties*

### **Broome County Branch**

Lourdes Hospital  
161 Riverside Dr., Rm. M02  
Binghamton, NY 13905  
(607) 798-8048

*Serving Broome County*

