

Revised / May 26,
2022
\$50k.

ADDPC 2021-2022 Grant Application

(Co-PIs: Julie Armin, PhD; Heather Williamson, DrPH; Co-I: Tammie Bassford, MD)

Section 1:

Name of Applicant: Sonoran University Center for Excellence in Disabilities ("Sonoran Center")

Name of Person Filling out Application (can answer questions): Julie Armin, PhD

Email and Phone of Responsible Person: jarmin@email.arizona.edu; 520-626-4166

Address: The University of Arizona, Department of Family & Community Medicine; 655 North Alvernon Way, office 226k

City, State, Zip: Tucson, AZ 85711

Table of Contents

1. Cover Page
2. Year 2 Funding Narrative Response and Attachments
 - a. **2.3.a. Attachment 1:** Provide an Implementation Plan that lists out sequentially the key activities to undertake in the next year. At a minimum, the implementation plan shall list the key task, the party that is responsible, when it will be completed (date) and by what method you will know completion is met (measurement).
 - b. **2.3.b. Attachment 2:** Provide a 12-month Budget Request and Match. Use the Budget Summary Form and provide a detailed budget narrative for both requested dollars and match.
 - c. **2.3.c. Attachment 3:** List of key staff and their responsibilities on this grant.
 - d. **2.3.d. Attachment 4:** Provide at least one current Letter of Support from collaborator(s) that is on their company letterhead.
3. Year 1 Progress Report ("CME project")

Section 2: Narrative Response and Attachments

2.1. Provide a one-page Executive Summary of proposed project.

Include the following: What is the intent of the project; Who is targeted; Explain how the project impacts the I/DD community; What data has been collected to state this is a problem to address; and what is the overall cost to carry out your project for one year.

Project Intent: The project team will develop an educational program, including resources, in collaboration with people with I/DD about self-advocacy in health care. The program materials will be available in English and Spanish.

Population(s) of interest: English- and Spanish-speaking people with I/DD and their supporters in the state of Arizona. We will work with partners to investigate in-kind interpretation into American and Mexican Sign Language to be inclusive of the deaf communities in the state.

Impact on DD community: This project aligns with the *Inclusion with Engagement* and *System Access & Navigation* goals of the Council as it is promoting active engagement in health care decision making among individuals with I/DD, including those from underrepresented communities. The project specifically aligns with Objective 3 within the *Inclusion* goal which focuses on decreasing barriers to community life for people with DD through education to promote inclusion.

Data collected to indicate a need to address the problem: In the 2020 ADDPC Arizona Priorities Survey Report, individuals with I/DD identified as a top priority “for medical care providers to talk with me in a way I can understand.”¹ More than 75% of these respondents indicated they “want” or “really want” help in stopping others from ignoring their needs. This project builds on Drs. Armin, Bassford, and Williamson’s current project to develop and evaluate a Continuing Medical Education (CME) program for primary health care providers about working with patients with I/DD in health care decision making. In this work, Drs. Armin, Bassford, and Williamson developed videos for primary care providers about creating inclusive health care spaces and engaging in supported decision-making. This new project is an extension of the CME program specifically intended for adults with I/DD as its primary audience learning about effectively advocating for the health care they want.

Project Cost for One Year: [\$66,667 including \$16,667 UA required match] Leveraging resources at the Sonoran Center and at the University of Arizona will enable the team to complete interviews with self-advocates, implement the program, and evaluate it through webinars and other outreach events. The budget will cover the personnel time for content development, project oversight and management (co-PIs), and physician expertise (co-I).

¹ Arizona Developmental Disabilities Planning Council. What do Arizonans with Disabilities want in 2020?; 2020

2.2.a. Describe your program in the first year. *Include the following information: Activities or strategies that will be used, your target population and expected numbers to reach, how outreach to unserved and/or underserved populations or areas of the state will be conducted, who is responsible for major activities, and other information on program design. Also describe how barriers will be addressed.*

Overview of Main Project Activities and Who is Responsible for Major Activities: The first 2 months of the project will be spent building out our Steering Committee (SC) to include primarily self-advocates with I/DD, identifying resources about health care self-advocacy, and meeting with the SC. The SC will meet four times over the course of the project to establish program needs, suggest video health topics, assist with recruitment for content contributors, review program content, and guide dissemination. The SC will meet via live discussion (in-person or via Zoom) and by email correspondence in between each meeting. The co-PIs have experience collecting data from stakeholders and integrating the feedback into programming,² as they have in their current ADDPC-funded project. Months 2 through 9 will be spent identifying individuals to provide video testimonials, recording and translating the videos into Spanish or English, and finalizing other program content. We will work with the SUCEDD network to identify self-advocates for the SC and the videos. See below for a list of organizations and their stakeholders who could provide health care testimonials. Sonoran Center's Martinez, Urquidez, and Javier (see budget justification, attachment 2) will work with Armin, Bassford, and Williamson to identify self-advocacy content, recruit self-advocates, work with self-advocates to develop their testimonials, and disseminate the self-advocacy videos.

After self-advocates are identified for the videos, the team will work with them to develop their health care testimonials, and engage Biocommunications to record the videos at a convenient location for the participants. Armin & Williamson have successfully worked with Biocommunications to develop educational videos for Continuing Medical Education project currently funded by ADDPC. Once the videos have been filmed, we will work with the National Center for Interpretation on the UA campus to caption all videos in English and Spanish. We will work with SUCEDD partners to explore the possibility of providing in-kind American Sign Language/Mexican Sign Language interpretation, which may not be feasible within the proposed budget.

Once the team has completed all video and content development, Urquidez and Javier will integrate the content into the SUCEDD web site with a link from the ADDPC web site. Martinez, Armin, and Williamson will set meetings with the Council, self-advocacy groups throughout the state, present the materials to them, and investigate how, when, and with whom they will use the developed materials. Armin and Williamson will be responsible for overseeing the budget, ensuring that benchmarks are met, writing reports, and disseminating the program results. For more details on project timeline, tasks, person(s) responsible for each task, and deliverables please refer to the implementation plan (Attachment 1).

Program Design: At each Steering Committee (SC) meeting, the team will elicit input on the program's resources, beginning with learning objectives and proposed content and format (see Table 1). Table 1 includes a draft of the six learning outcomes and their proposed topics and videos for development. By using the series of learning resources, including self-advocate testimonials, learners will be able to understand how to advocate for their desired health care, including using supported

² Williamson HJ, Armin JS, Stakely E, Nasimi B, Joseph DH, Meyers J, et al. Community-Engaged Research to Address Health Disparities of Indigenous Women With Disabilities. *Annals of International Occupational Therapy*. 2020.

decision making³ in the clinical context. The videos will be accompanied by resources so that learners might seek out additional information.

Table 1. Proposed learning outcomes for the health care self-advocacy videos		
Learning Outcomes	Topics	Videos & Learning Resources
1. Describe health care self-advocacy	<ul style="list-style-type: none"> Get the information you need to make health care decisions Working with your supporters to help you Know your rights and responsibilities as a patient Communicate with health care professionals Describe the transition from pediatric to adult care 	2 (English with Spanish Subtitles and Spanish with English subtitles) <ul style="list-style-type: none"> Video in which a self-advocate describes a health care interaction in which the self-advocate communicates with their health provider Learning resources, including checklists, planning worksheets
2. Identify your needs when it comes to health care	<ul style="list-style-type: none"> Tell others about what you need or want to complete health care visits Come up with ideas about how to meet your needs while respecting others' time. 	2 (English with Spanish Subtitles and Spanish with English subtitles) <ul style="list-style-type: none"> Video in which the self-advocate describes how they identified and addressed a health issue and how they planned for talking to their health care provider Learning resources, including checklists, planning worksheets
3. Value your health and your health care rights	<ul style="list-style-type: none"> Listen to your health care providers and ask questions Speak up about any health problems you have. 	2 (English with Spanish Subtitles and Spanish with English subtitles) <ul style="list-style-type: none"> Video describing how the self-advocate identified their health values and spoke up for their rights. Learning resources, including checklists, planning worksheets
4. Prepare for health care visits	<ul style="list-style-type: none"> Be ready for visit ahead of time Learn about what you need to know before a visit Take notes or have a supporter take notes Keep an open mind and be ready to problem solve. 	2 (English with Spanish Subtitles and Spanish with English subtitles) <ul style="list-style-type: none"> Video describing how the self-advocate prepared for a health care visit. Learning resources, including checklists, planning worksheets
5. Make decisions about health care	<ul style="list-style-type: none"> Listen to your health care provider's recommendations and ask questions about medical decisions Come up with ideas to help you meet your needs 	2 (English with Spanish Subtitles and Spanish with English subtitles) <ul style="list-style-type: none"> Video describes how a person with I/DD made a decision about having a medical procedure (e.g. colonoscopy) Learning resources, including checklists, planning worksheets

³ National Resource Center for Supported Decision Making. Webinars/Presentations. 2021 [updated 2021; cited Feb 8, 2021]; Available from: <http://www.supporteddecisionmaking.org/>.

6. Make decisions about health care in collaboration with supporters	<ul style="list-style-type: none"> • Work with your supporters to help you learn about your health care decision • Make the decision yourself but respecting others' input and thoughts 	2 (English with Spanish Subtitles and Spanish with English subtitles) <ul style="list-style-type: none"> • Video describes how a person with I/DD made a decision about having a medical procedure with support from a friend, family member, or other supporter Learning resources, including checklists, planning worksheets
Topics adapted from the "Medical Home Portal," The University of Utah Department of Pediatrics (2022) https://www.medicalhomeportal.org/living-with-child/navigating-transitions-with-your-child/transition-to-adulthood/self-advocacy		

Target Population, Expected Numbers to Be Reached, and Outreach to Unserved and/or Underserved: The team will work with the SC to create a marketing and dissemination plan to reach self-advocates in Arizona, with a focus on those from historically marginalized and Spanish-speaking groups in Arizona. We will maximize on our SC's relationships to promote the resources to self-advocates throughout the state (i.e. Division of Developmental Disabilities, IHD, SUCEDD, People First, Diversability, Tribally run disability programs, vocational rehabilitation). Most recent data from the Council in 2019, identified close to 900,000 individuals with disabilities in Arizona (13% of the state's population) and among those with disabilities, 5% identified living with cognitive disabilities.⁴ Further, a fifth of the population in Arizona (20.2%) speaks Spanish at home.⁵

In year 1, we will disseminate throughout the state, with the possibility of marketing to a minimum of 1,500 self-advocates. Based on our plans for marketing the resources, we aim to conduct an evaluation of the program with minimum of 12 self-advocates and supporters before publishing. While self-advocates, including those who speak Spanish, are the main focus of the developed resources, the project team recognizes that self-advocates may be engaged in health care decisions with support people in their lives. Therefore, we will also market the program to caregivers (including family caregivers and paid direct support professionals), support coordinators, and community health educators (i.e. community health workers, community health representatives), with whom self-advocates may work in making health care decisions. We will track participants' use of the program through website metrics and interactive data collection.

Potential Barriers and How They Will Be Addressed: The proposed format of the video modules may need to be adjusted if it is not safe to film people interacting due to COVID-19. If this is the case, we will work with ADDPC to adjust the budget line items for video support to transition to an animated video program delivery. One option available which allows the user to make customizable and professional animated videos is Doodly. An annual license to develop Doodly videos is only \$480 so this option would still fit within our proposed budget. If we find that Doodly is not a good option, due to accessibility features, then we would work to identify an animation program which is affordable and has built in accessibility features. We will work with our SC to design a marketing and dissemination plan to reach self-advocates throughout Arizona, uptake of interest in the learning materials may not be consistent across the state. If we find that our original dissemination plans are not being effective (i.e. not enough self-advocates utilizing the program across the state), then we will reconvene members of the SC who have direct ties to reaching self-advocates and look for alternative outreach strategies.

2.2.b. Describe community partners involved and their role in this project.

⁴ Arizona Developmental Disabilities Planning Council. (2022). Disability data for Arizona. <https://addpc.az.gov/disability-data-arizona>

⁵ U.S. Census Bureau, American Community Survey 2021 (2022) <https://data.census.gov/cedsci/>

The project will have a steering committee of representatives with expertise in lived experience with disability. Members include:

1. *Teresa Moore* is a female-identifying self-advocate and self-advocacy leader based in Phoenix, Arizona. She previously served on the SC for the previously funded project focused on primary care providers.
2. *John Britton*, a male-identifying self-advocate and self-advocacy leader based in Phoenix, Arizona. He previously served on the SC for the previously funded project focused on primary care providers.
3. *Paavlena Madhivanan* is a female-identifying self-advocate from Tucson, Arizona. She is a new SC member.
4. We are working with Southwest Institute for Families and Children (see attached letter from George Garcia) and Diverse Ability Inc. to identify other Self-Advocates for the SC.

2.2.c. Describe how feedback from participants, family members or other stakeholders will be gathered and used as you design your project and make changes to it during the implementation phase.

The Steering Committee (SC) will provide input on all project activities from the planning to the implementation and evaluation activities. The Steering Committee will be convened at the beginning of the project and will have Zoom meetings over the course of the one-year project. Steering Committee members will complete tasks related to the project via email in between the convening meetings. Plans for reasonable accommodations will be made as necessary for accessibility during SC meetings. Zoom has built-in accessibility features including: customizing font size of the chat; automated closed captioning; screen reader accessibility; keyboard shortcuts; rearranging videos; and multi-spotlight and multi-pinning of speakers. Zoom is also compliant with the following standards: WCAG 2.1 AA, Revised Section 508 Standards; and EN 301 549 Accessibility Requirements.⁶

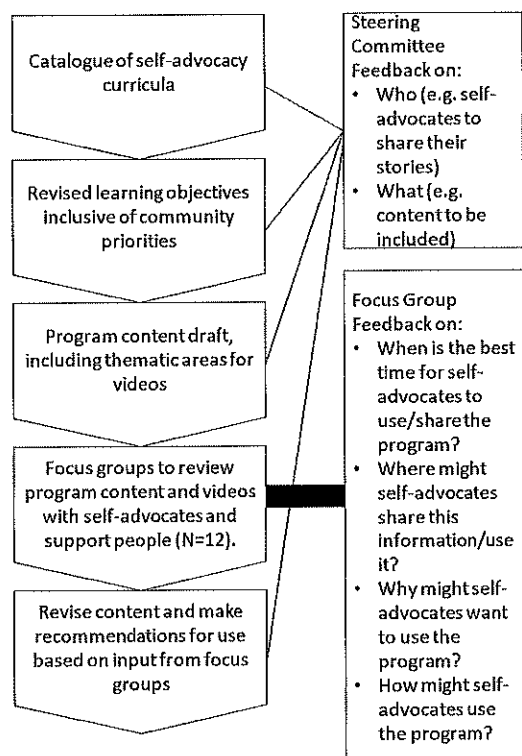
As noted in “Evaluation Process” (below), the team will use a formative method for engagement and stakeholder feedback that the PIs have used before.^{ii, 7} Using an iterative process to incorporate feedback (see Figure 1), the team will adapt and implement input from the SC to ensure acceptability and relevance to self-advocates and reflects the concerns of diverse populations of people with IDD and their support people.

To frame and evaluate stakeholder engagement in the process, we will be guided by best-practice principles for community engagement. The project emerged through the results of the PIs’ community-based research and the ADDPC Arizona Priorities Survey Report. The team identified SC members who are connected to the PIs and the co-I through previous research and/or community service, and through the Sonoran UCEDD networks.

[Feb 8, 2021]; Available from:

a Y, Gordon JS. Developing a guided imagery
r a randomized controlled trial. Tobacco Use Insights.

Figure 1. Formative Evaluation of Program



In the first meeting with the SC, we will share our expectations for the committee, while inviting members to share their ideas. Members will contribute to the project based on their interest and capacity, and the PIs will ensure that they have the necessary information and support to maximize their contributions. Further, in addition to sharing knowledge and resources with the university team, we will encourage knowledge-sharing among the committee members.⁸

2.2.d. Describe the evaluation process to capture data. *Who will be in charge, what data methods will be used and what types of data will be collected. How will the data be used after funding for one year?*

Who will be in charge? The co-PIs Armin and Williamson will lead evaluation efforts in collaboration with the team.

How will data be collected?: We will collect data in two phases: 1) the video testimonials; and 2) input from focus groups of self-advocates (N=12) about how, where, when, and why they would use the videos and other self-advocacy content.

Video testimonials and educational programming development: Anonymized formative and evaluation data will be published as a potential model for others to follow in developing education for health care or disability providers. In addition to the educational resources data collection, the study team will also capture qualitative data from SC discussions on the development of the program. We will audio record each meeting and take thorough notes at each SC meeting as we ask for feedback and guidance on building the educational program. We will also capture similar information on the discussion and consensus decisions made regarding program dissemination.

These data will also be used to build a toolkit for other groups wanting to produce educational programming for self-advocates. Toolkits can be an effective way to promote program development and knowledge translation.⁹ Within the toolkit we will plan to have resources created to guide a project team through project design, implementation, evaluation, and plans for program sustainability. The toolkit will include planning worksheets, engagement and assessment activity ideas, and evaluation templates (i.e. logic model). We will utilize resources (as available) from the University of Kansas' Community Tool Box (<https://ctb.ku.edu/en>) to build resources within our toolkit. The Community Toolbox is a free open access online resource providing training and resources available to anyone wanting to address health and social change in their community.

Focus groups with Self-Advocates and their supports: Working with self-advocacy groups, such as the Southwest Institute for Families and Children, we will conduct 2 focus groups (N=12) in which we share the educational content and videos with self-advocates and their supporters. We will ask them to discuss where, when, how, why, and with whom the content should be shared. This qualitative data will be summarized using a matrix approach, which is an efficient method of descriptively organizing and interpreting qualitative findings for integration into the program.¹⁰

Outcome evaluation: Outcomes will be collected using two methods: 1) via a data collection tool embedded in the program's website and website use data (e.g. tracking number of "clicks" on content); and 2) through data collection during outreach events, such as webinars/presentations of the materials. Text and numerical data will be descriptively analyzed (frequencies and percentages) to

⁸ Goodman MS, Ackermann N, Bowen DJ, Thompson V. Content validation of a quantitative stakeholder engagement measure. *Journal of community psychology*. 2019;47(8):1937-51.

⁹ Yamada J, Shorkey A, Barwick M, Widger K, Stevens BJ. The effectiveness of toolkits as knowledge translation strategies for integrating evidence into clinical care: a systematic review. *BMJ open*. 2015;5(4):e006808.

¹⁰ Averill JB. Matrix analysis as a complementary analytic strategy in qualitative inquiry. *Qualitative health research*. 2002;12(6):855-66.

assess Reach, Effectiveness, Adoption, and Implementation (RE-AIM)¹¹ (see Table 2). Open-ended questions asking participants for information regarding how, where, when, and why they would use the videos will be collected.

Table 2 summarizes data that will be captured through process and outcome data collection including input from the SC during formative work and dissemination tracking.

Table 2 -- Evaluation using RE-AIM	
REACH	# of "clicks" on educational content; # of visits to the web site; # of emails sent to partners; self-reported basic demographics from web site or webinars (e.g. Are you?: a) self-advocate; b) supporter of person with a disability; c) disability professional)
EFFECTIVENESS	qualitative feedback from focus groups regarding how, where, when, and why they would use the videos.
ADOPTION	# of downloads of educational content; open ended comment feature on web site; feedback from webinars about the content.
IMPLEMENTATION	Web site visitor feedback about how they are using the materials (e.g. How are you using these materials: a) for myself; b) with the person I support; c) in my work with people with disabilities); # of programs using the content
MAINTENANCE	qualitative feedback from focus groups containing recommendations for further use of the content; qualitative feedback from steering committee; plans for revisions and broader dissemination

How will the data be used after funding for one year?: The team will continue to collect user data and open-ended feedback from the web site. The team will also continue to collect data from the use of videos in self-advocacy programming (e.g. Diverse Ability's 8-session Health Care Self-Advocacy Training & the Self-Advocacy Roundtable). Summary data from the project will be disseminated at local and national conferences to promote the development of additional educational materials to improve health care of adults with I/DD. The project team will also disseminate through national networks, as per the year one marketing plan, and work with ADDPC to identify additional dissemination channels.

2.2.e. If funding for year 3 will be available by the ADDPC, describe any new changes that could be implemented in Year 3, including program design, target numbers, collaborators, implementation, staffing, evaluation, and other activities.

Self-advocates will be this year's primary populations of interest. Should funding be available in year 3, the team would revise the program to be inclusive of community health workers/representatives, who often help people with I/DD address the social determinants of health

¹¹ Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. American journal of public health. 1999;89(9):1322-7.

that influence their access to health care, and also disability service providers, such as group home staff and providers of habilitation services,.

Populations of interest and potential collaborators:

Community Health Workers/Representatives (CHW/Rs) are community health advocates who take on many professional roles, including peer supporter, health care navigator, and community health educator. In many communities, CHW/Rs build bridges from underserved communities to clinical services, helping to address the social determinants that limit people's access to health care. The Arizona Community Health Workers Association (AzCHOW) is a statewide organization of community-based advocates that provides professional development opportunities for CHW/Rs.

Implementation/Staffing: Using the Toolbox developed in year one, the team would implement revised CE modules for CHW/Rs. Also, we will need to translate the CHW/R modules into Spanish and, potentially, other Native American languages spoken in Arizona (e.g. Hopi). We would convene an expanded Steering Committee (SC) to include a CHW/R who works on tribal lands.

Evaluation: Using RE-AIM again will enable us to determine if we are reaching our intended audiences, the program is effective in changing knowledge and self-reported behavior, and the program is acceptable to CHW/Rs. It will also give us a framework for developing plans for ongoing maintenance of the program.

2.2.f. Describe other sources of funds that are committed to support the project. *Could this project continue without ADDPC funding?*

The Sonoran University Center for Excellence in Disabilities (SUCEDD) will provide institutional resources to promote use of the educational resources via marketing and other institutional supports required. In developing the learning resources with the Steering Committee, the project leaders will endeavor to create timely and current content while minimizing details that will require frequent updates.

While not a source of funds per se, the Sonoran Center's connection to the Association of University Centers on Disability (AUCD) brings with it a wealth of connections via the network. The AUCD network has special interest groups focused on health, training programs, and connections to Colleges of Medicine throughout the country. The AUCD network promotes activities like the proposed continuing medical education to network members via e-newsletters, such as AUCD 360.

2.3. Attachments

2.3.a. Attachment 1: Provide an Implementation Plan that lists out sequentially the key activities to undertake in the next year. At a minimum, the implementation plan shall list the key task, the party that is responsible, when it will be completed (date) and by what method you will know completion is met (measurement).

2.3.b. Attachment 2: Provide a 12-month Budget Request and Match. Use the Budget Summary Form and provide a detailed budget narrative for both requested dollars and match. This attachment includes a list of key staff and their responsibilities on this grant.

2.3.c. Attachment 3: List of key staff and their responsibilities on this grant.

2.3.d. Attachment 4: Provide at least one current Letter of Support from collaborator(s) that is on their company letterhead.

Budget Request Form

Contractor Name: Arizona Board of Regents, University of Arizona

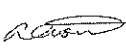
Contractor Address: PO Box 210158, Room 510 Tucson AZ 85721-0158
 Street Address City State Zip

Project Name: Developing health care self-advocacy educational resources for adults with intellectual and/or developmental disabilities

Budget Category	Requested ADDPC Funds	Non-Federal Cash Match	Non-Federal In-Kind Match	Total Program Cost
Personnel/Salaries	19,375	-	-	19,375
Fringe Benefits	5,974	-	-	5,974
Supplies / Operating Expenses	-	-	-	-
Travel	445	-	-	445
Rent or Cost of Space	-	-	-	-
Contracted Services / Professional Services	19,661	-	-	19,661
Administrative / Indirect Costs	4,545	-	16,667	21,212
Total Costs	50,000	-	16,667	66,667

It is understood that Non-Federal Funds identified in this budget will be used to match only ADDPC Federal Funds, and will not be used to match any other Federal Funds during the period of the ADDPC funded Project.

Additional description and background information shall be included as a budget narrative, including for match. The contractor agrees to submit additional background information to the ADDPC upon request.

 Printed Name: Sangita Pawar
Title: Vice President, Operations
Date: 03/23/2011 10:23:00 AM
ACSR Version: 3.0.0.101

for Sangita Pawar, PhD, MBA

Name of Certifying Official

Vice President, Operations

Title of Certifying Official

520-626-6000

Phone

sponsor@email.arizona.edu

Email

BUDGET JUSTIFICATION

Personnel/Salaries

Julie Armin, PhD – Principal Investigator (0.60 person month): As co-PI on this project and affiliated faculty with the Sonoran University Center for Excellence in Disability (UCEDD), Dr. Armin will serve as Contact PI, and will work with Dr. Williamson (co-PI, NAU) to oversee all aspects of the work to ensure the achievement of project goals. She will supervise UCEDD project personnel and provide budgetary oversight in collaboration with Dr. Williamson. Dr. Armin and Dr. Williamson will lead discussions with the steering committee, and they will oversee the development and evaluation of the health care self-advocacy program. Dr. Armin will work with Dr. Williamson to write progress reports and disseminate information about program development, implementation, and final product.

Tamsen Bassford, MD – Co-Investigator (0.24 person month): As co-investigator on this project, Dr. Bassford will work with the team to develop educational objectives to guide the self-advocates stories. As a family physician, director of the SUCEDD's Medical Home program, chair of the University of Arizona Health Sciences' disability-focused interprofessional exercise, and PI of the Arizona site of the National Curriculum Initiative in Developmental Medicine, Dr. Bassford has expertise regarding patients IDD in primary care and can help guide appropriate educational outcomes for self-advocates.

Jeffrey Javier – Communications Manager (0.60 person month): will be responsible for developing marketing materials; disseminating education opportunities through multiple online, social media, and listserv platforms; leading the event team to provide technical support for module access; and function as liaison with participants and professional organizations in the state. As the Marketing and Communication Manager for the Sonoran Center, Mr. Javier oversees our extensive communication network, disseminates information in multiple formats using a variety of multi-media platforms for use by diverse audiences, and ensures accessibility of materials and accommodations for participants.

Celina Urquidez – Training Coordinator (1.20 person months): will be responsible for coordinating project and team activities, communicating with actors participating in video shoots, assisting with content development, managing team input and monitoring completion of learning objectives, and functioning as liaison with NAU and UA partners. As the Clinic and Education Coordinator for the Sonoran Center, Ms. Urquidez provides advanced administrative management of new projects, coordinates clinic activities, communicates with and supports clinic participants, coordinates student activities, and is the UCEDD representative for all university student education and clinical service departments.

Gabriel Martinez – Program Aide and Peer Navigator (0.60 person month): will work with the team to develop the self-advocacy content and to communicate with the steering committee. Mr. Martinez represents the Sonoran UCEDD on the statewide

self-advocacy council, serves on the board of AZ Disability Law (AZ's P & A), and participates in the Lend self-advocacy trainee workgroup. (Discipline: Self-Advocacy)

Fringe Benefits

The University of Arizona defines fringe benefits as direct costs, estimates benefits as a standard percent of salary applied uniformly to all types sponsored activities, and charges benefits to sponsors in accordance with the federally-negotiated rates in effect at the time salaries are incurred. The following rates were budgeted: UA Employees @ 31.9%, Ancillary Employees @ 17.6%.

Travel

A total of \$445 is requested for in-state travel expenses at a university-approved rate of \$0.445 per mile. Travel funds will be used to travel to Phoenix or other parts of AZ for interviews.

Contracted Services/Professional Services

University of Arizona Biocommunications: A total of \$4,391 is requested for the development, filming, and editing of six video stories (~79 hours of travel, development, filming and editing at \$55.50 per hour).

Steering Committee and Interviewee Stipends: A total of \$1,739 is requested to provide stipends for 6 steering committee members (\$125/each) and 6 interviewees (~\$165/each) for the videos.

National Center for Interpretation: A total of \$4,700 is requested for 20 hours of Spanish interpretation during interviews (\$3,500) as well as translation of documents and captions (approximately 5,000 words, \$1,200).

Subaward to Northern Arizona University: A total of \$8,831 is requested to extend the subaward to Northern Arizona University. This request includes 0.6 person month of salary support for Dr. Heather Williamson (co-PI) as well as \$216 for two roundtrips to Phoenix, AZ. As a disability researcher and health care provider, Dr. Williamson will co-lead the project with Dr. Armin, co-leading all aspects of the work. A detailed budget and budget justification is available upon request.

Administrative/Indirect Costs

In accordance with the original RFGA, indirect costs are budgeted at a stipulated rate of 10% of total direct costs.

Cost Match

In accordance with the original RFGA, cost match is committed at the ADDPC-stipulated rate of 25% of total project costs (\$66,667 Total Projects Costs * 25% = \$16,667) and will be provided as indirect costs foregone.