

ADDPC 2020-2021 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

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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 online continuing medical education (CME) program for primary care providers on effectively working with individuals with intellectual and developmental disabilities (IDD) to promote their decision-making within health care.

Population(s) of interest: Primary care providers, with a focus on family physicians and family nurse practitioners in the state of Arizona. These are individuals who provide regular preventive health care counseling to Arizonans and who are likely to collaborate with adults with IDD in managing their health.

Impact on DD community: This project aligns with the *Inclusion* goal of the council as it is promoting active engagement in health care decision making among individuals with IDD. 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. Additionally, in the 2020 ADDPC Arizona Priorities Survey Report, individuals with DD identified as a top priority “for medical care providers to talk with me in a way I can understand.”¹

Data collected to indicate a need to address the problem: Formative work from Drs. Armin and Williamson’s project identified the need to educate primary health care providers about their role in supported decision-making with women with developmental disabilities. In this work, Drs. Armin and Williamson learned that both health care providers and people with IDD note the tendency of physicians to overlook the “whole person” in favor of the individual’s disability. Moreover, national research with primary care providers indicates they hold biases about people with disabilities² and need more information and support in working with patients with disabilities.^{3,4}

Project Cost for One Year: [\$66,691 including \$16,673 UA required match] Leveraging resources at the Sonoran Center and at the University of Arizona will enable the team to complete CME development and implementation. The budget will cover the personnel time for video and CME module content development (for the Community Education Coordinator & Training Coordinator) and CME dissemination (the Communications Manager), project oversight and management (co-PIs), and physician educator expertise (co-I). It will also cover video/module creation production support and CME approval for 2 years.

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 9 months of the project period will be spent developing and refining the Continuing Medical Education (CME) modules by incorporating best practices for working with people with IDD⁵⁻⁷ and input from the Steering Committee (SC). The SC will meet four times over the course of the project to review content and offer feedback 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. In their current project, which is focused on developing and testing a cancer screening education program for Native American women with IDD, Drs. Armin and Williamson have worked with an Advisory Board to develop partnerships⁸ and incorporate culturally responsive components into the program. See below for a description of Steering Committee members and their planned contributions to the committee. Sonoran Center staff Archer, Urquidez, and Javier (see list of personnel, attachment 3) will work with Armin, Williamson, and Bassford to develop storyboards and other content for the CME modules.

After the team develops scripts for the video vignettes and elicits feedback from the SC, Archer, Urquidez, and Javier will work with The University of Arizona (UA) Biocommunications to record the videos with actors (including actors who are women with IDD) who are affiliated with the Sonoran Center. Dr. Bassford and the Center have successfully worked with Biocommunications to develop educational videos for the Interprofessional Educational Program at the UA.

Once the team has completed all content development, Archer, Urquidez, and Javier will work with the UA CME office to integrate it into the CME learning management system (Virtual Lecture Hall, www.vlh.com) and Armin and Williamson will set up the assessments and evaluation. Javier will work with Armin, Williamson, and the SC to develop a statewide marketing plan to include professional organizations, Colleges of Medicine, and dissemination through the SC's representative organizations. 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 present an aspect of the CME modules, beginning with learning objectives and proposed content (see Table 1). Since many physicians hold biases and do not feel confident providing care for people with disabilities,² module #1 will explore the history of marginalization that has influenced the health and health care of people with disabilities. Module #2 will explain the key considerations of guardianship, and provide examples of how health care decision-making and legal capacity influence one another, using a vignette with a patient who does not have a legal guardian. Module #3 will explore supported decision making⁹ in the clinical context, incorporating a written plan

that the patient has made about who will support her in decision-making, including a guardian, and walking through the information the patient and guardian use to make a decision. Person-centered approaches¹⁰ and patient-centered care¹¹ will be highlighted in module #4, emphasizing the importance of health care providers' acknowledgement of a patient's preferences, values, and needs. The CME program will conclude with additional resources so that learners might seek out additional information (e.g. <https://iddtoolkit.vkcsites.org/>).

Table 1. Proposed outline for the Primary Care Provider CME Program titled: Partnering in health care decision-making with patients with intellectual and developmental disabilities (IDD)

Module	Learning Objectives	Scenario/Video
Module #1: Understanding current health inequities among people with IDD, and the history of marginalization that led to these inequities.	<ol style="list-style-type: none"> 1. Describe the current status of health inequities among people with IDD, and understand the context for this inequity 2. Understand how embedding universal design into your practice can improve the experience of a patient with IDD. 3. Practicing plain language 	A physician is preparing for a visit with a woman with an IDD – what do they need to know?
Module #2: Explaining consent and capacity as it relates to people with IDD	<ol style="list-style-type: none"> 1. Know and apply the definitions of “legal capacity” and “consent” as they relate to people with IDD with and without guardians, and ensure that HIPAA and patient privacy are protected 2. Apply the principles of guardianship to a case 	Physician and woman with an IDD (without a guardian) discussing preventive health care needs (e.g. Pap test) with a support person in the room; physician describes the screenings to the woman with an IDD and her support person and clarifies understanding while also asking for consent.
Module #3: Applying supported decision-making in the clinical context	<ol style="list-style-type: none"> 1. Understand the principles of supported decision-making and how it works 2. Practice acting as a supportive team member for a patient with IDD 	Physician and woman with an IDD modeling supported decision-making with a guardian in the room. The woman with an IDD is uncertain and/or scared about getting a Pap test and is refusing. The physician and/or guardian can explain the steps to the Pap test to make sure she understands and can make an informed decision about her choice to get the Pap test.
Module #4: Evaluating person-centered and patient-centered approaches to patient care	<ol style="list-style-type: none"> 1. Explore the principles of person-centered and patient-centered approaches 2. Identify the providers with whom a physician might work to provide person-centered interprofessional care 3. Apply best-practices for understanding barriers to health/health care and healthy choices for patients with IDD 	After getting the Pap-test counseling, this scenario works through the steps of the women making choices about when she will get the screening. The patient wants to wait until next year to get a Pap test, but her physician recommends getting a test this year because she has never had one. In this scenario, the physician and support person help the woman with an IDD find a balance between her preferences and recommended care. The physician will use a “progressive desensitization” approach to explaining how the Pap test is done.

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 primary care providers in Arizona, with a focus on family physicians and nurse practitioners in year 1. We will maximize on our SC's relationships to promote the CME to primary care health systems (e.g. Federally Qualified Health Centers, Indian Health Services and other tribally run clinics) throughout the state. Per the Arizona Academy of Family Physicians, there are approximately 1,500 family physician-members in the state.¹² Not all primary care providers may choose to be members of professional organizations so the potential to reach a higher number of healthcare professionals is possible. For example, a 2019 report about the primary care workforce indicated that there were a little over 5,300 physicians in Arizona who would be considered primary care providers.¹³ Nurse practitioners are a cornerstone of primary care, and there are approximately 10,000 practicing in Arizona.¹⁴ The marketing plan will include stepped expansion to local and national networks in year 2, such as statewide professional groups and national organizations, such as the Association for University Centers on Disability (AUCD) and the American Academy of Developmental Medicine and Dentistry (AADMD).

In year 1, we will disseminate throughout the state, with the possibility of marketing to a minimum of 1,500 family physicians, but with the goal of marketing to the approximately 15,000 primary care physicians and nurse practitioners in Arizona. Based on our plans for marketing the CME, we aim to conduct an evaluation of the CME modules with 100 CME participants. During the first two years that the CME modules will be available, we aim to deliver the CME to 450 providers, which is 3% response rate if we email all of the 15,000 PCPs in the state.

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 in a health care setting 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.

Another barrier may be a delay in the time it takes to get the CME application approved. While this is unlikely, our plan to have regular SC meetings at throughout the project will help resolve any issues with the CME application process. Further, we will work with the UA's CME office to ensure that all elements of the application are addressed, and the office has significant experience shepherding educators through the application process. Finally, while we will work with our SC to design a marketing and dissemination plan to reach primary care providers throughout Arizona, uptake of interest in the modules may not be consistent across the state. If we find that our original dissemination plans are not being effective (i.e. not enough providers are enrolling across the state), then we will reconvene members of the SC who have direct ties to reaching primary care providers and look for alternative outreach strategies.

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

The project will have a steering committee of representatives with expertise in community health and health systems, supported decision-making, primary health care, lived experience with disability, and being a support person for people with IDD
Members include:

1. *Bill Thrift, President of the Board of Arizona Academy of Family Physicians (AzAFP).* AzAFP is a state chapter of the American Academy of Family Physicians. They serve Arizona Family Physicians by providing them with quality, evidence-based continuing medical education. AzAFP represents approximately 1,500 allopathic and osteopathic physicians, family medicine residents, and medical students throughout the state of Arizona. Dr. Thrift will bring his understanding of the educational needs of primary care physicians, his personal experience with disability, and his connection to physicians around the state to the Steering Committee.
2. *Jon Meyers, Executive Director of The Arc of Arizona.* The Arc of Arizona advocates for the rights and full community participation of all people with intellectual and developmental disabilities. Mr. Meyers brings his experience with and knowledge of supported decision-making to the steering committee.
3. *Susan Marks, JD, PhD, founder of Susan Marks and Associates.* Dr. Marks' law firm is focused on ensuring the civil rights and necessary services for people with disabilities are protected under the law. Dr. Marks has extensive experience in Arizona with guardianship considerations, including supported decision-making, she brings this expertise to the steering committee.
4. *Kim Russell, Executive Director of the Arizona Advisory Council on Indian Health Care (AACIHC).* Utilizing its knowledge of Indian healthcare issues and tribal sovereignty, AACIHC serves as a resource for Tribal governments and the State of Arizona, and supports prevention, training, education, and policy development as the keys to meeting the unique health care needs of Arizona's Native American population. Ms. Russell brings her understanding of working with underserved populations in health care and her personal experience of being a relative to someone with IDD to the steering committee.
5. *Lorena Verdugo, President of Arizona Community Health Workers Association (AzCHOW).* Founded in 2001, AzCHOW is a statewide organization of community-based advocates. AzCHOW leads through resource sharing, partnership development, education, outreach, health promotion, and disease prevention strategies to improve the health of Arizona residents. As a Community Health Advisor at El Rio Health (a federally qualified health center in Tucson Arizona) and the coordinator at the Mexican Consulate for *Ventanilla de Salud*, Ms. Verdugo brings her understanding and advocacy for Latinx communities in Arizona.
6. *Audrey Russell Kibble, DNP.* As a nurse practitioner who has worked in primary care for 23 years, Dr. Russell-Kibble brings her advocacy for primary care nursing, her perspective as an advanced practice provider, and an understanding of underserved communities to the steering committee.
7. *Purnima Madhivanan MBBS, MPH, Ph.D.* Dr. Madhivanan is an Associate Professor in Health Promotion Sciences at the Mel & Enid College of Public

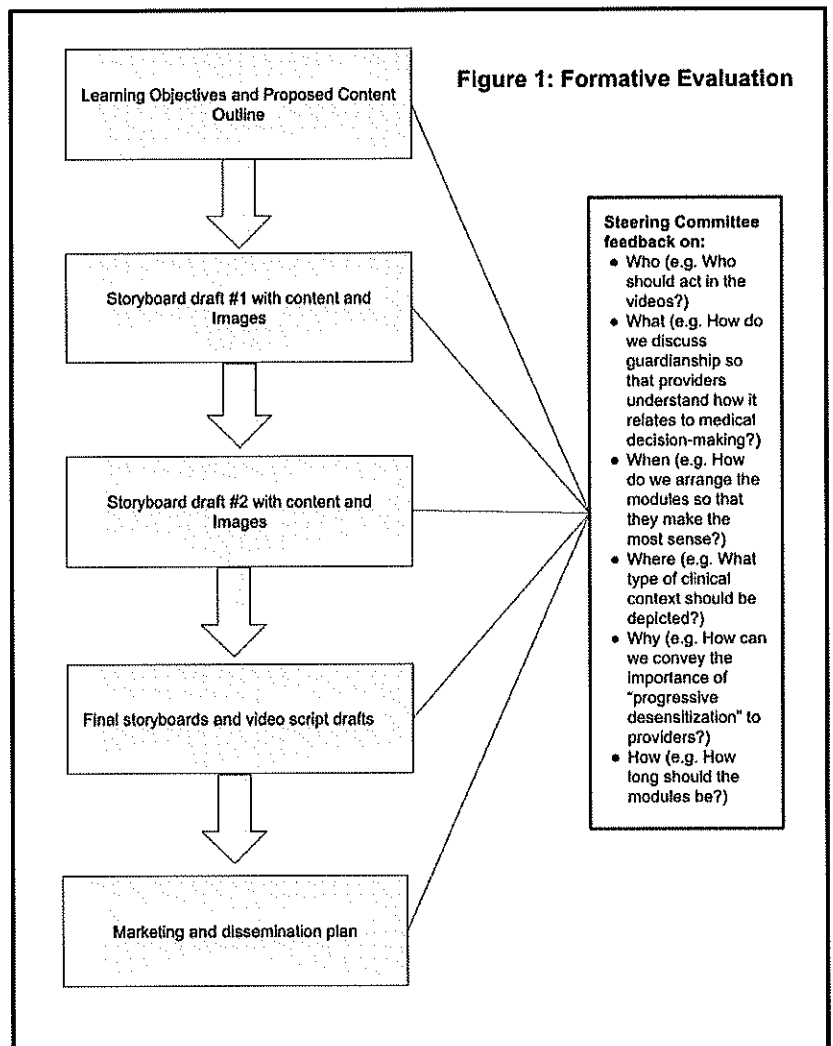
Health at University of Arizona, where her research focuses on women’s health. In addition to her knowledge as a researcher, Dr. Madhivanan brings to the steering committee her experience as a support person for an adult child with an IDD.

8. *Self-advocate TBD*. The team will work with ADDPC to identify a female self-advocate.

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 oversee 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 (or in-person) meetings monthly 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.¹⁵

As noted in “Evaluation Process” (below), the team will use a formative method for engagement and stakeholder feedback that the PIs have used before.^{8, 16} 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 health care providers 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 genesis 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. 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.¹⁷

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 and with the University of Arizona's CME office.

How will data be collected?: We will collect data in two phases: 1) the formative evaluation will inform the development and implementation of the CME modules and the stakeholder engagement (Steering Committee); and 2) the outcome evaluation will measure the program's effectiveness and impact.

Formative evaluation: 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 CME data collection, the study team will also capture qualitative data from SC discussions on the development of the CME videos. We will audio record each meeting and take thorough notes at each SC meeting as we ask for feedback and guidance on building the CME modules. We will also capture similar information on the discussion and consensus decisions made regarding program dissemination. This qualitative data will be summarized using a matrix analysis approach, which is an efficient method of descriptively organizing and interpreting qualitative findings for integration into the program.¹⁸

These data will also be used to build a toolkit for other groups wanting to produce educational programming for health care providers. Toolkits can be an effective way to promote program development and knowledge translation.¹⁹ 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. RE-AIM (see below) will provide an overall framework for the sections of our toolkit. 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 Tool Box is a free open access online resource providing training and resources available to anyone wanting to address health and social change in their community.

Outcome evaluation: Outcomes will be collected using two methods: 1) via a data collection tool embedded in the CME modules; and 2) via an online survey emailed to CME participants 30 days after completing the modules. Once the CME units have been created and integrated into the CME Office's learning management system (Virtual Lecture Hall, vlh.com), the team will disseminate a private gateway (e.g. URL) and a registration code created by the CME Office. The CME office will collect the following data points from CME participants when they login with the registration code and complete the modules: demographic data (provider type, practice type, geographic region, age, years in practice), results of pre-post knowledge tests, Likert-style satisfaction ratings, and self-reported competence in outcomes related to learning objectives. These numerical data will be descriptively analyzed (frequencies and percentages) to assess Reach, Effectiveness, Adoption, and Implementation (RE-AIM)²⁰ (see Table 2). Open-ended questions asking participants for information regarding the changes they intend to make in their practice and for comments on the CME modules will be analyzed using a matrix analysis.¹⁸ Maintenance data points (Table 2) will be captured through process data collection including input from the steering committee during formative work and dissemination tracking (e.g. incidences of CME promotion through professional organizations). A brief 30-day follow up survey will ask participants to report the frequency,

Table 2 -- Evaluation using RE-AIM	
REACH	# of organizations disseminating link and enrollment code; # of emails sent to partners; # of people who login and complete the CME
EFFECTIVENESS	% reporting increased competence; % reporting intention to make changes in practice; qualitative feedback regarding intentions to make changes in practice
ADOPTION	# of participants by geographic region; # of participants total; # of participants by practice type; % of participants who report using knowledge in practice (at 30-day follow-up survey); % of participants who report implementing recommendations in practice (at 30-day follow-up survey)
IMPLEMENTATION	% reporting satisfaction with modules; % reporting likelihood of changing practice
MAINTENANCE	qualitative feedback regarding improvements (embedded CME survey and 30-day follow-up survey); qualitative feedback from steering committee; plans for revisions and broader dissemination (e.g. professional organizations willing to promote CME)

How will the data be used after funding for one year?: The team will continue to collect follow-up data from CME participants for 30-45 days after the funding period (see implementation plan). 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 IDD. 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 for the CME videos.

2.2.e. If funding for year 2 will be available by the ADDPC, describe any new changes that could be implemented in Year 2, including program design, target numbers, collaborators, implementation, staffing, evaluation, and other activities.

Primary care providers, with a focus on family physicians and nurse practitioners, will be included in Year One's populations of interest, as both groups are eligible for and are required to take continuing education (CE) credits. Should funding be available in year 2, the team would revise the program to be inclusive of two additional professional groups who interact with and support patients with IDD: 1) registered nurses, who are also required to complete continuing education (CE) units for professional development; and 2) community health workers/representatives, who often help people with IDD address the social determinants of health that influence their access to health care.

Populations of interest and potential collaborators: The Arizona Nurses Association reports a membership of 70,000 nurses in Arizona (registered nurses and licensed practical nurses) ²¹ working in a variety of settings where they would interact with patients with IDD. Not all nurses are members of professional organizations, so the program's reach could be much greater. The Arizona State Board of Nursing reports 97,489 registered nurses and 10,668 licensed practical nurses practicing in the state.¹⁴

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 nurses and CHW/Rs. These would be two different modules because most nurses work in a clinical setting and most CHW/Rs work in the community. 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 registered nurse/representative from the Arizona Nurses Association and a CHW/R who works on tribal lands. The year one SC has a nurse practitioner representative and a health CHW/R of AzCHOW, which will help the team prepare for the adaptation of the educational modules for these professions. In Year Two, will need to add a CHW/R and licensed nurse to the investigator team.

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 nurses and 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 commit to paying the Continuing Medical Education (CME) renewal beyond the initial 2-year application, making the training modules available to primary care providers beyond the initial funding period. After the initial two years of CME accreditation, Drs. Armin, Williamson, and Bassford will review the CME modules for any necessary revisions before renewal. In developing the CME modules with the Steering Committee, the project leaders will endeavor to create timely and current content while minimizing details that will require frequent updates. During our Steering Committee meetings we will explore fee-for-service options for dissemination and/or selling the CMEs to Colleges of Medicine, which would provide a sustainable method of ensuring regular updates and expansion of content.

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.

2.3.c. Attachment 3: Provide a list of key staff and briefly summarize the job responsibilities for this grant. List any training or certification required for staff in the upcoming year. Ensure personnel costs are appropriately allocated for in the Budget. Do not attach resumes.

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

[See selected letters from Collaborators, attached]

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Developing Online Learning Modules for primary care providers about shared decision-making with women with IDD

Implementation Plan

Key Tasks	Months												Person/People Responsible	Evidence of Task Completion	
	1	2	3	4	5	6	7	8	9	10	11	12			
Content Development															
Steering Committee Meeting #1 <i>(elicit ideas for inclusion in CME modules)</i>														Armin & Williamson	Meeting minutes and list of ideas for inclusion
Submit for CME approval <i>(60-day timeline for approval)</i>														Armin & Williamson	Submission documentation
Create draft storyboards for committee feedback														Armin, Williamson, Bassford, Archer, Urquidez, & Javier	Storyboards
Steering Committee Meeting #2 <i>(review storyboards, discuss videos, and evaluation components)</i>														Armin & Williamson	Meeting minutes, including list of revisions to storyboards
Revise storyboards and develop content/graphics for 4 learning modules														Archer, Urquidez, Javier, & CME office	Storyboards and content/graphics
Draft & revise scripts for videos using committee feedback														Armin, Williamson, and Bassford	Scripts for 4 videos
Steering Committee Meeting #3 <i>(review program content to date and finalize evaluation components)</i>														Armin & Williamson	Meeting Minutes, including a list of final program content and evaluation components
Video recording & editing														Archer, Urquidez, Javier, & Biocommunications	Four case-based videos
Steering Committee Meeting #4 <i>(generate ideas for marketing and dissemination)</i>														Armin & Williamson	Meeting minutes, including list of ideas for marketing and dissemination

Develop state and national marketing plan for CME dissemination												Armin, Williamson, & Javier	State and National marketing and dissemination plan
Finalize 4 CME modules												Archer, Urquidez, Javier, & CME office	4 CME modules
Integrate CME modules into Virtual Lecture Hall Learning Management System (including assessment and evaluation measures)												Archer, Urquidez, Javier, & CME office	Personalized link and registration code for dissemination
Dissemination & Evaluation													
Marketing CME using State and National marketing plan												Armin, Williamson, Javier, & Steering Committee	Completion of activities listed in marketing plan
30-day Follow-up Survey for CME participants (<i>final 30-day surveys will be sent out after the 1-year project period</i>)												Armin, Williamson	All CME participants have received follow-up survey email and 2 reminders
Evaluation (Reach, Effectiveness, Adoption, Implementation, Maintenance)												Armin & Williamson	See below *

*Evaluation of:

- Reach: # of organizations disseminating link and enrollment code; # of emails sent to partners; # of people who login and complete the CME
- Effectiveness: % reporting increased competence; % reporting intention to make changes in practice; qualitative feedback regarding intentions to make changes in practice
- Adoption: # of participants by geographic region; # of participants total; # of participants by practice type; % of participants who report using knowledge in practice (at 30-day follow-up survey); % of participants who report implementing recommendations in practice (at 30-day follow-up survey)
- Implementation: % reporting satisfaction with modules; % reporting likelihood of changing practice
- Maintenance: qualitative feedback regarding improvements (embedded CME survey and 30-day follow-up survey); qualitative feedback from steering committee; plans for revisions and broader dissemination (e.g. professional organizations willing to promote CME)

Budget Request Form

Contractor Name: Julie Armin, PhD

Contractor Address: 655 N. Alvernon Way, Ste. 228, Tucson, AZ 85721
Street Address City State Zip

Project Name: Developing Online Learning Modules for health care professionals who conduct cancer screening with women with IDC

Budget Category	Requested ADDPC Funds	Non-Federal Cash Match	Non-Federal In-Kind Match	Total Program Cost
Personnel/Salaries	19,877			19,877
Fringe Benefits	6,163			6,163
Supplies / Operating Expenses	11,739			11,739
Travel				-
Rent or Cost of Space				-
Contracted Services / Professional Services	7,676			7,676
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.

Sangita Pawar, PhD, MBA
Name of Certifying Official

Vice President, Operations
Title of Certifying Official

520-626-6000 sponsor@email.arizona.edu
Phone Email

Developing Online Learning Modules for primary care providers about shared decision-making with women with IDD

BUDGET JUSTIFICATION

SENIOR/KEY PERSONNEL

Julie Armin, PhD, Principal Investigator (0.48 Person Months). 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 testing of the Continuing Medical Education (CME) modules. Dr. Armin will work with Dr. Williamson to write progress reports and disseminate information about the CME development, implementation, and final product.

Tamsen Bassford, MD, Co-Investigator (0.24 Person Months). As co-investigator on this project, Dr. Bassford will work with the team to develop educational objectives and content that are appropriate for primary care providers about working with patients with IDD. 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 the care of patients with IDD in primary care and an understanding of appropriate educational outcomes for providers.

OTHER PERSONNEL

Justin Archer, Community Education Manager (0.60 Person Months) will be responsible for production of videos, overseeing content development, establish processes for CME credit, and functioning as liaison with module and video development partners. As the Community Education and Business Manager for the Sonoran Center, Mr. Archer is expanding the training and continuing education opportunities, developing procedures for implementation, and designing creating opportunities to address professional development and training needs.

Jeffrey Javier, Communications Manager (0.60 Person Months) 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.

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 rates used in the proposal budget are based on the current Federally-negotiated Rate Agreement rate. The rates are as follows: UA Employees @ 31.00%, Faculty - Ancillary @ 17.60%, Assistants @ 11.10%, Student Employees @ 1.8%, Banner Employees @ 16.2% (per 08/27/19 rate agrmt.).

Current DHHS-approved rates for faculty, research staff and students are publicly available online.

OTHER DIRECT COSTS

Steering Committee and Actor Stipends

Funds are requested in the amount of \$1,739 to provide stipends for 8 steering committee members (\$125/each) and actors (~\$350/each) for the videos.

Consultant Services

University of Arizona Biocommunications. Biocommunications will work with the team to develop, film, and edit four videos for the CME modules. It is expected that Biocommunications will spend approximately 72 hours filming and editing the videos at \$55.50 per hour.

University of Arizona College of Medicine Continuing Medical Education (CME) office. The CME office will work with the team to integrate learning module content into their proprietary Virtual Lecture Hall (vlh.com), create assessments/evaluations, and prepare a separate gateway/registration code for free access to the CME units (\$4,000) and help the team apply for 2-year approval for CME credit (Enduring CME fee \$2,000).

Subaward/Consortium/Contractual Costs

Funds are requested to cover the costs for a one-year subcontract to Northern Arizona University to cover Dr. Heather Williamson's salary (co-PI). 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. Total request for the subaward is \$7,676.

MATCH REQUIREMENT

The ADDPC has stipulated a matching rate of 25% of the total costs. The match required by ADDPC is being met through foregone indirect costs (difference between 10% indirect rate and university rate of 47%).

INDIRECT COSTS

The sponsor has a stipulated 10% indirect cost rate. Please see stipulation.

CONSORTIUM BUDGET:

Personnel

Name	Title	Appt Type	% Effort	Months	Base Salary	Rqsted Salary	Fringe Rate	Fringe	Year 1	Total
Heather Williamson	Co-PI	12	5%		\$ 105,641	\$ 5,282	32.10%	\$ 1,696	\$ 6,978	\$ 6,978
		12		0		\$ -		\$ -	\$ -	\$ -
Total									\$ 6,978	\$ 6,978

Consultant

Total										

Equipment

Total										

Supplies

Total									\$ -	\$ -

Travel

Total									\$ -	\$ -

Other expenses

Total									\$ -	\$ -

Totals

Total cost requested									\$ 7,676	\$ -

TOTAL COST \$ 7,676

Budget Justification

Project Title: Developing online learning modules for primary care physicians about shared decision-making with women with IDD

Funding Agency: Arizona Developmental Disabilities Planning Council

Personnel Salaries

Heather J. Williamson, DrPH (0.60 person calendar months), as a 12-month appointed faculty member, will serve as Co-Leader on the project. Dr. Williamson will assist with leading all project activities including the project planning, implementation and evaluation activities.

Fringe Benefits also known as Employee-Related Expenses (ERE)

Employee related expenses (ERE) are rounded estimates based on the projected cost of health, dental, life, disability, FICA and Medicare, unemployment, and retirement benefits relative to the employee's salary and/or wages, FTE, and election of benefits. The ERE rate is calculated by dividing the employee's salary by the total cost of his/her/their benefit package. Dr. Williamson's ERE rate is 32.1%.

Attachment 2.3.c Project Personnel

Developing online learning modules for primary care providers about shared decision-making with women with IDD

Julie Armin, PhD, and **Heather Williamson**, DrPH, will serve as co-Principal Investigators on this grant. Drs. Armin and Williamson will oversee all aspects of the work to ensure the achievement of project goals. They will supervise Sonoran Center project personnel and provide budgetary oversight. Dr. Armin and Dr. Williamson will lead discussions with the steering committee, and they will oversee the development and testing of the Continuing Medical Education (CME) modules. They will write progress reports and disseminate information about the CME development, implementation, and final product.

Tamsen Bassford, MD, Co-Investigator, brings her expertise as a medical educator and director of a Medical Home for people with IDD. Dr. Bassford will work with the team to develop educational objectives and content that are appropriate for primary care providers about working with patients with IDD.

Justin Archer, Sonoran Center's Community Education Manager will be responsible for production of videos, overseeing content development, establishing processes for CME credit, and functioning as liaison with module and video development partners.

Jeffrey Javier, Sonoran Center's Communications Manager, will be responsible for developing marketing materials; disseminating education opportunities through multiple online, social media, and listserv platforms; leading the team to provide technical support for module access; and functioning as liaison with participants and professional organizations in the state.

Celina Urquidez, Sonoran Center's Training Coordinator, 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.

Consultants

University of Arizona Biocommunications will consult with the team on script development and writing and will videorecord and edit the proposed video vignettes.

The Office of Continuing Medical Education at the University of Arizona will integrate the course content into their proprietary learning management system (Virtual Lecture Hall, www.vlh.com), work with the team to develop assessments and evaluations, and create a private gateway and registration code for the Sonoran Center's team to disseminate.

26 January 2021

Julie Armin, PhD
Department of Family & Community Medicine
Sonoran University Center for Excellence in Disabilities
The University of Arizona
655 N. Alvernon Way
Tucson, AZ 85711

Dear Dr. Armin:

I write this letter in support of your proposal to the Arizona Developmental Disabilities Planning Council for funding to support the project titled, *Training Primary Care Providers to Partner in Healthcare Decision-Making with Patients with Intellectual and Developmental Disabilities*. As I understand the scope of your proposal with Dr. Heather Williamson at Northern Arizona University, the project team will develop an online educational program for primary care providers on effectively working with individuals with developmental disabilities (I/DD) to promote their decision-making within the health care environment.

As Executive Director of The Arc of Arizona, I am well aware of the need for provider training on respectfully and effectively working with adults with I/DD in decisions regarding health care. I have worked with other disability advocacy groups over the past few years to educate the broader Arizona community on processes for promoting supported decision-making for individuals with I/DD. I am enthusiastic about sitting on your Steering Committee to help guide this important project.

I look forward to contributing my expertise and connections to your project, and I am prepared to commit to four (4) virtual steering committee meetings over the next year.

Sincerely,



Jon Meyers
Executive Director

William J. Thrift MD

Family Practice/AME
242 Whipple st. ste#1
Prescott, Arizona 86301
Phone 928 708-9355
wjthrift@gmail.com

January 27, 2021

Julie Armin, PhD
Department of Family & Community Medicine &
Sonoran University Center for Excellence in Disabilities
The University of Arizona
655 N. Alvernon Way
Tucson, AZ 85711

Dear Dr. Armin,

I am writing this letter in support of your proposal to the Arizona Developmental Disabilities Planning Council for funding to support the project titled, "Training Primary Care Providers to partner in Healthcare Decision-Making with Patients with Intellectual and Developmental Disabilities." As I understand your proposal with Dr. Heather Williamson at Northern Arizona University, the project team will develop an online educational program for primary care providers on effectively working with individuals with developmental disabilities to promote their decision-making within health care. I am enthusiastic about sitting on your Steering Committee to help guide this important project.

As Board President of the Arizona Academy of Family Physicians (AzAFP), I am well aware of the needs and concerns of family physicians throughout our state. As family physicians, we provide health care for individuals across the lifespan, from infants to elders, many of whom are patients with disabilities. AzAFP is a 70+ year old nonprofit professional membership association representing approximately 1,500 allopathic and osteopathic physicians, family medicine residents, and medical students statewide. The AzAFP is the state component of the American Academy of Family Physicians (AAFP), the largest medical specialty association in the country, with approximately 96,000 members.

I look forward to contributing my expertise and connections to your project, and I am prepared to commit to 4 virtual steering committee meetings over the next year.

Sincerely,


William Thrift MD



SUSAN MARKS & ADVOCATES, PLLC
A LAW FIRM FOR DISABILITY-RELATED ISSUES

3260 N. Hayden Road, Suite 210 • Scottsdale, AZ 85251

Phone: (480) 459-2403 • Fax: (480) 567-0226

www.susanmarks-advocates.com

January 27, 2021

Julie Armin, PhD
Department of Family & Community Medicine &
Sonoran University Center for Excellence in Disabilities
The University of Arizona
655 N. Alvernon Way
Tucson, AZ 85711

Dear Dr. Armin,

I am writing this letter in support of your proposal to the Arizona Developmental Disabilities Planning Council for funding to support the project titled, "*Training Primary Care Providers to partner in Healthcare Decision-Making with Patients with Intellectual and Developmental Disabilities.*" As I understand your proposal with Dr. Heather Williamson at Northern Arizona University, the project team will develop an online educational program for primary care providers on effectively working with individuals with developmental disabilities (I/DD) to promote their decision-making within health care.

As an attorney and founder of Susan Marks & Advocates, I am well aware of the need for provider training on respectfully and effectively working with adults with I/DD in decisions regarding health care. This project aligns with our mission "to ensure the civil rights and necessary services provided under law are available to individuals with disabilities, whether it be in schooling or community services." Prior to retiring as a professor at Northern Arizona University, I was actively involved with self-advocate groups who also mentioned the importance of raising awareness of health care providers on how to effectively communicate with individuals with I/DD regarding their medical needs. I am enthusiastic about sitting on your Steering Committee to help guide this important and timely project.

I look forward to contributing my expertise and connections to your project, and I am prepared to commit to 4 virtual steering committee meetings over the next year. Thank you so much for including me in this project!

Sincerely,

A handwritten signature in blue ink that reads "Susan Marks". The signature is fluid and cursive, with the first name "Susan" and last name "Marks" clearly legible.

Susan Marks, JD, PhD, BCBA-D
Attorney at Law
Susan Marks & Advocates, PLLC

A RUSSELL-KIBBLE, DNP, RN, FNP-C, FAANP
COLLEGE OF NURSING

Retired Clinical Assistant Professor, Adjunct Faculty
The University of Arizona, College of Nursing
Cell [\(520\) 405-4097](tel:5204054097) | amparo@email.arizona.edu

February 3, 2021

Julie Armin, PhD
Department of Family & Community Medicine &
Sonoran University Center for Excellence in Disabilities
The University of Arizona
655 N. Alvernon Way
Tucson, AZ 85711

Dear Dr. Armin,

I am enthusiastic about participating on the Steering Committee for your proposed project titled, "Training Primary Care Providers to partner in Healthcare Decision-Making with Patients with Developmental Disabilities." As a nurse practitioner and scholar who has worked in primary care for 23 years, I am well aware of the need to train providers to work with people with disabilities. I know that your team is planning to develop an online educational program for primary care providers on effectively working with individuals with developmental disabilities to promote their decision-making within health care. I am pleased that you would like to include a nurse practitioner on the steering committee in order to ensure that the trainings "speak to" a nursing audience in primary care.

Nurse practitioners (NPs) are a vital part of the primary health care system. According to the American Association of Nurse Practitioners, more than 75 percent of practicing NPs provide primary care and NPs are essential in making available high-quality, patient-centered health care. NPs are licensed, independent providers, with a blend of medical and nursing preparation, and they diagnose and manage acute and chronic conditions and emphasize health promotion and disease prevention. My experience providing care in Federally Qualified Community Health Centers (FQHCs) for the majority of my time as a nurse practitioner lends itself to this project.

I look forward to contributing my expertise and connections to your project, and I am prepared to commit to 4 virtual steering committee meetings over the next year.

Sincerely,



Audrey Russell-Kibble, DNP, RN, FNP-C, FAANP