

North Carolina Department of Health and Human Services
Division of Public Health
Section/Branch: Women's and Children's Health/Women's Health Branch

RFA Questions and Answers

RFA # A347 RFA Title: Improving Community Outcomes for Maternal and Child Health
Addendum Number: 1

If applicable, Bidder's Conference(s) Date(s): October 23, 2017
Questions Received Until (date): October 30, 2017
Summary of Questions and Answers Release Date: November 6, 2017

Questions and Answers *(list all questions and answers in numerical order)*

- 1. Question: Could you please recap the equity vs. health disparity distinction.**
Answer: [Health] equity is the attainment of the highest level of health for all people. Health disparities are differences in health status or outcomes between groups. Health disparities perpetuate health inequity.
- 2. Question: Would equity training such as Racial Equity Institute or Active Living by Design etc.?**
Answer: Trainings, such as the Racial Equity Institute, are acceptable and appropriate trainings to learn about equity. Active Living by Design is also an acceptable and appropriate training to learn about health equity and health disparities.
- 3. Question: A comprehensive needs assessment was done in the first round of funding; do you anticipate major differences for this application?**
Answer: Section 1 requires a needs assessment to be completed. Applicants should follow the directions on page 15 of the Application and provide the necessary data to support their selected evidence-based strategies. The needs assessment request for the previous funding announcement and the current funding announcement may vary slightly, however it is necessary to follow the guidelines in RFA A347.
- 4. Question: Are counties allowed to select more than three (3) evidence-based strategies (EBS) to focus on?**
Answer: The RFA requires that Applicants select a minimum of three (3) evidence-based strategies, one for each aim. Applicants are encouraged to consider their resources and capacity before making a commitment above the requirement.
- 5. Question: Can we count any LARC insertion in our evaluation or is it just for LARCs bought with ICO4MCH dollars?**
Answer: ICO4MCH quarterly reports will include the data on long-acting reversible contraception (LARC) methods as reported by the local health departments' Electronic Medical Records (EMR) system to the North Carolina Health Information System (HIS). This system does not differentiate payment methods.
- 6. Question: Is the documentation of agency tax identification from IRS needed from all the local health departments in a multi-county proposal or only the lead agency?**

Answer: Only the lead local health department needs to provide the IRS tax identification number in the application.

7. Question: Could you show the map of current grantees again?

Answer: The map of the current grantees was shown during the Bidder's Webinar. It is on page 3 of the Bidder's Webinar slides. The slides can be found by clicking on this link:

<http://whb.ncpublichealth.com/docs/RFA-347/BiddersWebinarOctober232017Prepared-102317.pdf>

8. Question: If a regional cluster want to apply for this funding, did all counties have to be on this call or the agency that will be selected as the lead county?

Answer: No, only one county needed to participate in the Bidder's Webinar. The county that participated in the webinar will act as the lead, fiscal county for the Application.

9. Question: Is a memorandum of understanding (MOU) the same as a letter of commitment (LOC)? For example, if there is an MOU in place with an individual from an agency, does a LOC need to be replicated?

Answer: The RFA references Memorandums of Agreement (MOAs), not Memorandums of Understanding (MOUs).

No, a MOA is not the same as a LOC. A MOAs should be used for an agreement or understanding between the Applicant and an agency/organization and should clearly identify the services (in-kind or contractual) the agency/organization will be providing to the Applicant. A LOC is from an individual, agency/organization or other stakeholder who is agreeing to participate in the Community Action Team (CAT) and/or the Implementation Team (IT).

If an agency/organization is providing a MOA and is also planning to participate in the CAT and/or IT, they can include the content of the LOC within the MOA. For more information, see Section 5.

10. Question: Can we fund external/contract employees with funds?

Answer: Staff hired to implement the project can be hired as contract employees, salaried employees with this state funding. All Applicants should follow county guidelines for hiring.

11. Question: Could you go back through the LARC section? Just briefly, we would like to see the requirements?

Answer: Reviewed the LARC section on the Bidder's Webinar. The slides can be found by clicking on this link:

<http://whb.ncpublichealth.com/docs/RFA347/BiddersWebinarOctober232017Prepared-102317.pdf>

12. Question: Our poverty and insurance numbers are just outside the criteria; yet our Black IMR is notably high when compared with other Tier 3 counties (even our neighbor – Henderson). Do we qualify and could our IMR disparity when compared to out Tier peers be considered?

Answer: The eligibility criteria is on page 5 of the application. Please utilize the Tool to Calculate County or Multi-County Area Eligibility (<http://whb.ncpublichealth.com/docs/RFA-347/ToolToCalculateMultiCountyArea-ICO4MCH-2017RFA-Approved.xlsx>) on the website to determine your eligibility. Eligibility criteria are as follows: Any North Carolina health department or health district that had at least 1,000 live births in 2015 (Health departments that

form a regional collaboration must select one (1) health department) and at least 1 of the following:

- Combined 2013 - 2015 infant mortality rate (IMR) of ≥ 10.7 per 1,000 live births AND ≥ 20 infant deaths;
- Combined 2013-14 infant mortality ratio ≥ 2.3 ;
- Based on 2013, percent of children uninsured < 5 years of age must be 42.6% or higher; OR
- Combined 2010 -14 percent of children <19 years of age who are living at or below the Federal Poverty Level (FPL) must be $\geq 6.9\%$.

13. Question: The eligibility criteria on page 5 of the RFA# A347 document, the 4th bullet point states “Combined 2010-2014 percent of children <19 years of age who are uninsured must be 6.9% or higher.” On the tool, the column speaking to this is labeled “Children < 19 years who are uninsured – 2015 Small area Health Insurance Estimates.” Does this column reflect the combined 2010-2014 percent of those children or is there another source for this information?

Answer: The eligibility bullet on page 5 of the application states “Combined 2010-2014 percent of children <19 years of age who are uninsured must be 6.9% or higher.” The Tool to Calculate County or Multi-County Area Eligibility (<http://whb.ncpublichealth.com/docs/RFA-347/ToolToCalculateMultiCountyArea-ICO4MCH-2017RFA-Approved.xlsx>) uses the 2015 Small Area Health Insurance Estimates. Please use this tool for calculations of uninsured children, rather than the five-year average on page 5 of the application.

14. Question: The link for the eligibility tool is not working. Is there another way to access this data?

Answer: The link was broken. The link has been fixed. Please try again at your convenience. The Tool to Calculate County or Multi-County Area Eligibility (<http://whb.ncpublichealth.com/docs/RFA-347/ToolToCalculateMultiCountyArea-ICO4MCH-2017RFA-Approved.xlsx>) can be accessed following the provided link.

15. Question: Are the six initial grantees eligible to apply for the funding described in RFA A347 or is there any separate continuation funding available for them? The original grantees were all on this call, what are the odds that they will be funded a second time to continue the work that they started?

Answer: There are 5 current funded projects. All currently funded projects can apply, if they meet the eligibility criteria. All applications will be reviewed by a team of three people, who have been selected for their expertise in maternal and child health. There is no way we can predict who or who will not be funded until the applications are reviewed and scored. All applications will be scored based on the criteria in the RFA A347.

16. Question: In choosing the evidence-based strategies (EBS), is it appropriate for an Applicant to choose all three tobacco strategies since each one targets a different population?

Answer: Yes, it is appropriate for the Applicant to choose all three tobacco strategies since there is one tobacco strategy in each of the three aims. Applicants can choose whichever three EBS that are most appropriate for their project. Each Applicant will review their own data to better understand the needs of their communities/ counties.

17. Question: Do you need resumes for in-kind staff who do not have any FTE on the grant?

Answer: Yes, resumes for all staff (in-kind or paid) should be supplied. Please see Section 4 on page 33 for more information.

18. Question: When the grant specifies at least 0.50 FTE per EBS, does that include in-kind staff?

Answer: No, the 0.5 FTE per EBS is a paid, dedicated staff person to coordinate the EBS.

19. Question: For the Family Connects evidence-based strategy, how do we set up the budget for this? Is this a fee-for-service or do we break it down in the sub-contract by line item?

Answer: Family Connects should be set up as a fee-for-service contract in the sub-contract tab of the Open Windows Budget worksheet. In the narrative of the budget, explain the details of the fee-for-service contract.

20. Question: We noticed the RFA says we're required to pay UNC \$2,000/month for implementation, which is twice the current annual amount. Can you provide additional context/justification for this?

Answer: The Implementation Coaches from UNC have been tracking their time over the past year and a half. The cost of the technical assistance the Implementation Coaches from UNC are providing to each currently funded local health department is significantly higher than the current amount charged.

21. Question: Do you by chance have a copy of the Application Face Sheet that we're able to type and fill out? I'm not able to do it online or on the pdf file and wanted to check with you.

Answer: The Application Face Sheet is available in word and is posted on the website: <http://whb.ncpublichealth.com/> under the A347 Improving Community Outcomes for Maternal and Child Health RFA.

22. Question: Our organization had a last-minute conflict and was unable to attend; however, I could access and review the webinar slides posted yesterday at <http://whb.ncpublichealth.com/>. Are we still eligible to apply since we have been able to access the slides? We are very interested in applying for this grant and hope this will allow us the opportunity to submit a competitive proposal.

Answer: You are not eligible to apply since you did not attend the Bidder's Webinar.

23. Question: I received information about this RFA yesterday. As I read through the information in the email and online this morning, I noticed that the deadline for the required webinar has passed. Was the webinar recorded for those who were unable to attend? Just wanted to reach out in case there was a possibility.

Answer: You are not eligible to apply since you did not attend the Bidder's Webinar.

24. Question: The guidelines say to use an eligibility tool that was created in September, which is supposed to be available from the website: <http://whb.ncpublichealth.com/docs/RFA-347/ToolToCalculateMultiCountyArea-ICO4MCH-2017RFA-Approved.xlsx>. I've tried that link in several browsers, and each time it tells me the page can't be reached. Is there an alternate link for the tool we're supposed to be using to determine eligibility?

Answer: The link was broken. The link has been fixed. Please try again at your convenience. The Tool to Calculate County or Multi-County Area Eligibility

(<http://whb.ncpublichealth.com/docs/RFA-347/ToolToCalculateMultiCountyArea-ICO4MCH-2017RFA-Approved.xlsx>) can be accessed following the provided link.

25. Question: Can you please tell me if a county has a Triple P program, can these funds be used to support what is already here? We currently are working with Madison County.

Answer: If a county has Triple P Title V (or other Triple P funding), they can use the Triple P EBS to expand the program to the 0 – 5 population. Please review Appendix A for the specific scope of work, performance measures, and reporting requirements for Triple P Expansion.

26. Question: How are we tracking Title V vs. MCH parents who are using Triple P online?

Answer: Data is available from the online system called Basecamp, that all Triple P sites have access to. Joan Crissy, with the Children and Youth Branch, tracks and uploads this data quarterly. The data is downloaded quarterly and included in the site specific quarterly reports and two biannual reports. All Triple P sites can also download this data from Basecamp.

27. Question: What would be considered too low of a number of trainings to hold for the 2 years? Would proposing to hold 2-3 (40-60 practitioners) Triple P trainings be too low?

Answer: It will depend on your implementation plan, funding, target population, and additional resources. Applicants are encouraged to contact Triple P America for guidance.

28. Question: The grant outlines reaching communities of color specifically Latino and African Americans, how is this data tracked?

Answer: The Division of Public Health (DPH) tracks data for many of the evidence-based strategies (EBS) by demographic variables, including race/ethnicity, socio economic status, education, etc. when data is available. Applicants are also required to track demographic variables, depending on the EBS they implement. Purveyors, such as Family Connects Newborn Home Visiting Program and the Clinical Effects of Secondhand Smoke Exposure (CEASE) also provide limited demographic data to the DPH. Triple P does not collect demographic data. Individual sites are encouraged to collect data during the data collection period, if this data is useful to them.

29. Question: How are hospitalizations and out of home placements being monitored? We assume by the State but just wanted to get more clarity on that.

Answer: Hospitalizations and out-of-home placement data is collected by the Division of Public Health, annually. Hospitalization data can be found here: http://sasweb.unc.edu/cgi-bin/broker?_service=default&_program=cwweb.icans.sas&county=North%20Carolina&label=&entry=10. Out-of-home placement data can be found here: http://sasweb.unc.edu/cgi-bin/broker?_service=default&_program=cwweb.icas.sas&county=North%20Carolina&label=&entry=13