

# Improving Social Determinants of Health – Getting Further Faster Frequently Asked Questions (FAQ) Sheet

Last Updated 12/4/2020

The following are responses to questions received about the grant opportunity, Improving Social Determinants of Health – Getting Further Faster. This FAQ document will be updated as relevant additional questions are received by ASTHO and NACCHO e-mail at [chronicdisease@astho.org](mailto:chronicdisease@astho.org).

## Purpose

### 1. What is the purpose of the project?

Through a retrospective evaluation, the project seeks to understand the impact of the strategies on improving health outcomes, as well as, the role of community multi-sector partnerships/coalitions in driving change resulting in improved population health status.

ASTHO and NACCHO select and subcontract with community-level multi-sector partnerships/coalitions with demonstrated success implementing strategies in priority populations in one or more of five Social Determinants of Health (SDoH) domains:

- a. The Built Environment,
- b. Community-Clinical Linkages,
- c. Food Insecurity,
- d. Social Connectedness, or
- e. Tobacco-Free Policies.

### 2. Is this RFP to support collaborative efforts?

Yes, up to 50 community multi-sector partnerships/coalitions whose previous collaboration has resulted in demonstrated success in one or more of the 5 SDoHs areas to address chronic disease conditions will be selected.

## Evaluation Requirements and TA

### 3. What are the data capacities required to fulfill evaluation requirements? What evidence/results are needed?

The purpose of this initiative is to evaluate efforts already performed within the past 3 years by partnerships/coalitions. It is not to support current or future program implementation efforts. Successful applicants will already have tangible results working in one or more of the 5 indicated SDoH areas to address chronic disease conditions and will be able to fully participate in evaluation and project activities, including providing information/data, working with the project's evaluator. This opportunity is not designed to fund partnerships with little or no data, as the period of performance is too short (i.e., 6-months). The evaluation will study facilitators, drivers, challenges and opportunities employing specific SDoH approaches to address chronic disease conditions. As such, applicants are encouraged to include details on existing data and how success has been determined. They may consider (though not required) including a logic model that shows how your intermediate outcomes contribute to longer-term success.

### 4. Does the past project need to be of a minimum duration?

This project is aimed to evaluate community multi-sector partnerships/coalitions with documented success in the past three (3) years. There is not a requirement regarding the project duration, but the project should include partnerships and result in demonstrated success in one or more of the SDOH areas within the past 3 years.

## **Improving Social Determinants of Health – Getting Further Faster Frequently Asked Questions (FAQ) Sheet**

Last Updated 12/4/2020

- 5. The proposal clearly emphasizes evaluation of existing multi-sector collaborations to address the SDOH. It also addresses how ASTHO and NACCHO will provide technical assistance and evaluation. Is the intent that all evaluation will be done by your partners or are we expected to fund the evaluation out of our proposal and existing capacity, with your team as guidance?**

The evaluation and technical assistance will be provided by selected contractors and funded by ASTHO and NACCHO. You will not be expected to fund this process. As mentioned above, competitive applicants will already have existing data to demonstrate past success.

- 6. Will meeting with evaluation team be separate or part of the virtual learning session?**

As indicated on page 3 of the RFA, grantees are expected to participate in both virtual learning sessions and meet with and provide information to the evaluation team. The learning sessions and other project activities will be designed based upon grantee needs and in coordination with project consultants. It is likely that you would engage in evaluation and other group learning activities through both separate and group engagements. A more specific engagement plan will be shared early in the project period.

As also stated on page 3 of the RFA, “(i)n addition to meetings and TA sessions, applicants should anticipate spending approximately twenty (20) hours per month communicating with NACCHO/ASTHO and participating in project evaluation efforts and TA activities”.

- 7. What is the anticipated duration of each virtual learning session?**

While still being designed, we anticipate that most sessions will not be longer than 60-minutes, with others (e.g., kick-off and final calls) potentially being closer to 90-minutes.

- 8. Will the same evaluation partner be used across all teams?**

Yes, one evaluation partner selected by ASTHO and NACCHO will work with selected communities to conduct the evaluation work outlined in the RFP.

- 9. Can a chosen applicant recommend their evaluator if they have been working with one already?**

No, NACCHO and ASTHO will be soliciting competitive proposals for an evaluator organization to support the overall project.

- 10. Will a formal collaboration MOU be required? Would staff from any partners be required to participate in the evaluation?**

An MOU will not be required; however, the lead applicant will enter into a contract with either NACCHO or ASTHO. It depends on the context of the community coalition as to whether partners would be required to participate in the evaluation or other project activities in order to provide the information needed.

- 11. Why is there only a 6-month TA period?**

The estimate period of performance for all project activities, including evaluation and TA efforts, is December 2020 to July 2021, with project activities mainly starting in January 2021. The main purpose of this opportunity is to capture already achieved tangible results by participating in a formal evaluation. Supplemental TA will be provided to support grantee capacity to demonstrate the impact of their chronic disease SDoH efforts, strengthen their multisectoral partnerships, and improve strategy sustainability that will benefit community multi-sector partnerships/coalitions beyond the project period.

# Improving Social Determinants of Health – Getting Further Faster

## Frequently Asked Questions (FAQ) Sheet

Last Updated 12/4/2020

### 12. Will Clinical support be provided as a form of TA?

No, TA will be provided to support grantee engagement in the evaluation as well as support the strengthening of their partnerships/coalitions and the sustainability of their chronic SDoH work, employing performance improvement strategies.

### 13. Do all members of the core team need to participate in all communications/evaluation efforts/TA activities, or can this be split up between the team so that at least one member of the team is participating in all activities?

It is not expected that all core team members participate in all project activities. We do expect that there will be a designated key point-of-contact for communications and local project coordination.

## Definitions

### 14. How do you define social determinants of health (SDoH) and the domains for addressing chronic disease conditions that are the focus of this opportunity?

Social determinants of health is defined as conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Examples of strategies for each SDoH area are, but not limited to:

- **Built Environment:** adoption of a Complete Streets policy, addressing inaccessible or nonexistent sidewalks, the addition of bike lanes or walking paths, or improving public transportation options.
- **Clinical-Community Linkages:** coordinating the exchange of information and altering activities among the local health department, community-based organization and safety net clinic to manage high blood pressure, and type 2 diabetes among low-income residents in a specific geographic location. Example: Successful implementation of a referral network, community health worker strategy that connects identified individuals to care, development of information exchange processes to support entry into care, collaborations between community-based organization and safety net clinic to increase access and address chronic disease (e.g., hypertension (HTN), diabetes mellitus (DM)).
- **Food Insecurity:** implementing programs that lead to food policy changes such as: expanding SNAP benefits at local farmers markets, opening a grocery store in an underserved area, expanding farmers markets to underserved areas, to encourage both the availability and accessibility of fresh fruits and vegetables, or addressing food deserts through a coordinated community plan.
- **Social Connectedness:** providing routine and ongoing social support to populations that creates peer relationships among community members and neighborhood-based social programming to engage residents, including youth, in coordination with faith-based, clinical and community-based organizations, or implementing strategies to ensure older adults remain connected to the community, for example.

## Improving Social Determinants of Health – Getting Further Faster Frequently Asked Questions (FAQ) Sheet

Last Updated 12/4/2020

- Tobacco-free policies: establishing a local ban on the sale, distribution and advertising of menthol tobacco products within a 10-mile radius of schools or other youth-supportive entities, or adopting tobacco-free policies for public places, that includes e-cigarette prohibition in public spaces.

### 15. What is meant by “priority populations” in the application?

Priority populations for the purposes of this RFP are defined as the target group that was affected by your intervention. Examples of priority populations are, but not limited to:

- Inner cities and rural areas
- Low income populations
- Racial/Ethnic Minorities
- Women
- Children/Adolescents
- Elderly
- Individuals with special healthcare needs

### Timeline

#### 16. When is the application deadline?

The application deadline is Tuesday Dec. 8, 2020 at 5 p.m. EST.

#### 17. When will the communities be selected?

Selected communities will be announced by Tuesday, December 15, 2020.

#### 18. What is the estimated period of performance?

The estimated period of performance is December 2020 to July 2021.

#### 19. Will ASTHO/NACCHO conduct one-on-one calls with potential applicants who have questions regarding the RFP?

Due to the number of contracts, we are planning to award and the number of individuals that participated in the webinar, we do not currently have the capacity to schedule one-on-one calls. However, please email your questions and visit the NACCHO Chronic Disease Webpage for the FAQ document that is continuously updated with responses to new questions we receive.

### Application

#### 20. Where do I go to complete the application?

The application is in Microsoft Forms and can be completed at, <https://www.naccho.org/programs/community-health/chronic-disease>

#### 21. Where can I find the links to RFP attachments?

Contract Language

<https://www.naccho.org/uploads/downloadable-resources/NACCHO-Contract-Language.pdf>

## Improving Social Determinants of Health – Getting Further Faster Frequently Asked Questions (FAQ) Sheet

Last Updated 12/4/2020

<https://www.naccho.org/uploads/downloadable-resources/ASTHO-Contract-Language.pdf>

RFP & budget template located here (in 'Tools' section)

<https://www.naccho.org/programs/community-health/chronic-disease>

### **22. Should we submit letters of support or commitment?**

No, applications should adequately describe their community multi-sector partnerships/coalitions, including roles and contributions.

### **23. Page 6 of the RFP provides a template for the Cover Letter, but then says "Please attach Cover Letter" under the Contact list. Do you just want the form filled out, or a separate cover letter?**

Yes, please submit your separate cover letter, along with other application attachments, to the email [ChronicDisease@astho.org](mailto:ChronicDisease@astho.org).

### **24. On Contractor Budget Form – Part I: Do we leave this section blank for ASTHO/NACCHO to complete?**

For the Contractor Name, indicate your organization's name; for project name, please indicate "Getting Further Faster"; For Date Submitted, indicate the date you are submitting your application; for the period of performance, please put "December 2020 – July 2021"; for Total Budget Amount, indicate the total requested budget amount. All other fields are left blank.

### **25. If we have a Logic Model or Smart Goals chart, do we send those as an attachment with the Budget Forms? I assume the Logic Model/Smart Goals are for our prior/current SDOH related programs, not the evaluation project?**

Yes, while not required, you may provide a logic model relevant to your recent (i.e., within the past 3 years) efforts to address chronic disease conditions in one or more of the prescribed SDOH areas by including it with your budget and budget narrative.

### **26. Are we permitted to submit any additional attachments?**

No, we ask that applicants only submit the attachments outlined in the RFP, both required and optional (i.e., a logic model or other data description). Due to the large number of applications, we anticipate we will not be able to review any additional materials.

### **27. Will the application deadline be extended?**

As of this posting, there is not an intention to extend the application deadline for this opportunity. ASTHO and NACCHO reserve the right to potentially do so based upon submissions received by the current deadline, among other factors.

## **Eligibility**

### **28. Which groups are eligible to apply as the lead applicant/fiscal agent?**

Local and state health departments or other government entities, Tribes and tribal organizations, and 501(c)3/nonprofit organizations may apply. Example nonprofit organizations are community-based organizations, including faith-based organizations, hospitals, and community development organizations,

## **Improving Social Determinants of Health – Getting Further Faster Frequently Asked Questions (FAQ) Sheet**

Last Updated 12/4/2020

among others. This also includes universities and organizations who are bona fide agents of state or local health departments. Regardless of application lead, applications that indicate a strong history of collaboration and cross-sectoral engagement will be scored more favorably than those that do not.

### **29. Can a coalition apply that does not have a 501(c)3?**

No, only local, state, tribal or U.S. territorial health departments and nonprofit organizations can apply. Nonprofits organizations can include community-based organizations, faith-based organizations, hospitals, universities, or other community development organizations with a 501(c) 3 non-profit status.

### **30. Are we eligible to apply if we are a community-based nonprofit that is fiscally sponsored by another organization? (Our finances are managed by this organization and we use their 501c3 to secure outside funding.)**

Yes, 501c3 organizations are eligible to serve as fiscal sponsors for this opportunity.

### **31. Is there a minimum community size?**

No, we are looking to capture successes from communities of all sizes.

### **32. Can a coalition apply who is not engaged with a local or state health department?**

ASTHO and NACCHO recognize that there are many different kinds of community multi-sector partnerships/coalitions with a demonstrated history of addressing chronic disease conditions through one or more of the five SDoH categories listed in the RFP. As associations who support governmental public health agencies and who are co-leading the implementation of this opportunity, preference will be given to applicants that demonstrate local and/or state health department as a partner.

### **33. Can doctoral students apply in partnership with community organizations?**

Doctoral students themselves cannot apply but may be included as part of participating staff/individuals in an application submitted by eligible entities (see #5).

### **34. Are CDC grantees eligible?**

CDC grantees (current or past) are not allowed to receive funding for the same activity twice. In order to be eligible, applicants that are CDC grantees (current or past) would need to demonstrate that the scope of the strategy/activity proposed for the project is not currently/was not supported by CDC funds.

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted.

## **Improving Social Determinants of Health – Getting Further Faster Frequently Asked Questions (FAQ) Sheet**

Last Updated 12/4/2020

**35. Can multiple projects be considered with partners or within the same jurisdiction and will multiple projects be considered for one jurisdiction or applicant with different partners?**

While applicants will not be able to receive more than one award, you can focus on more than one of the RFA's 5 SDoH areas as part of your application. An organization can submit only one application as the lead entity but can be included as a partner (not as lead) in more than one application.

**36. Does the grant prioritize coalitions located in one region, or multiple regions throughout the country?**

This project is aimed at identifying how community multi-sector partnerships/coalitions have successfully engaged in this work in a range of settings across the United States and in the US territories. The selection committee will not prioritize coalitions in specific regions as a part of the review process. In order to obtain a representative cross-section of participants, geographic representation may be considered for final site selection.

**37. Could this grant support the evaluation of our community air monitoring network project and project coordination?**

This project is intended to fund a retrospective evaluation of past successes (within the past 3 years) related to one or more of the 5 areas of SDoHs specifically to address chronic disease conditions. It cannot be used to fund efforts that do not address chronic diseases conditions through one or more of the prescribed 5 SDoH areas. Nor will this grant support current or future implementation efforts.

**38. Would a resource center for adults with serious mental illness, operated in partnership with a church emergency shelter fit the goals of this RFP?**

The resource center would be eligible if it is a 501(c)3 or other government entity, and the partnership has a demonstrated history of employing one of more of the specified 5 SDoH approaches to address chronic disease conditions. It cannot be used to fund efforts that do not address chronic diseases conditions through one or more of the prescribed 5 SDoH areas.

**39. Does this include Environmental Education and creating a syllabus/curriculum that develops place-based learning?**

No, this is not a program implementation opportunity.

**40. In Appendix C: a.) Under "Conduciveness" section- what is meant by "Submitted policy/intervention conducive to conduct evaluation" ...unsure what is responsive to this condition. Also...b.) Under "Structure of Multi-Sector Partnership/Coalition" section: "Potential additional criteria from RWJ healthy communities" ...does this refer to RWJ characteristics of multi-sector partnerships or criteria of healthy communities?**

a) Conduciveness explains the setting/circumstance in which the activity/strategy is being implemented from the perspective of those doing the work. It considers the context of the internal or external environment in which the strategy/activity takes place that might influence the results of an evaluation. External factors include geographical location, timing, political and social climate, economic conditions. Internal factors include leadership, staffing resources, capacity and expertise, or other things going on at the same time as the project. Responses explain how these factors might be barriers or facilitators to the evaluation.

## Improving Social Determinants of Health – Getting Further Faster Frequently Asked Questions (FAQ) Sheet

Last Updated 12/4/2020

b) Multi-sector partnerships are a key component to RWJF’s Healthy Communities work. Each healthy communities area, whether built environment, social determinants, public and community health, and population health, emphasizes the need for a broad array of partnerships, “from traditional partners such as hospitals, health departments, schools and community groups, to more emergent ones such as urban planners, community developers and businesses.” Please refer to the Culture of Health Prize (<https://www.rwjf.org/en/library/funding-opportunities/2020/2021-culture-of-health-prize.html>) for criteria for healthy communities broadly, as well as, characteristics of multi-sector partnerships. Please note: It is not expected that applicants meet these exact criteria; RWJF Culture of Health prize is provided only as an example.

### **41. If the pandemic impacts project goals, will ASTHO and NACCHO be flexible on the completion dates?**

ASTHO and NACCHO understand that evolving Covid response and recovery efforts may impact project activities and we will work with grantees to best support and accommodate within reason any adjustments on a case-by-case basis. We ask applicants to carefully consider how feasible this opportunity is considering your current and anticipated efforts outside of this project, including those related to the pandemic.

### **42. If an applicant selects Clinical-Community Linkages as their SDOH domain is that applicant required to have a physician on staff or as a partner?**

No, applicants who select Clinical-Community Linkages as a SDOH domain are not required to have a physician on staff or as a partner.

## **Other Requirements**

### **43. Is there any mandatory travel?**

No, ASTHO and NACCHO are not requiring any travel and will conduct all meetings, check-ins and learning opportunities virtually.

## **Selection**

### **44. How many community-level multi-sectoral partnerships/coalitions will be selected?**

ASTHO and NACCHO will select up to fifty (50) communities.

### **45. What are the selection criteria for communities?**

Community multi-sector partnerships/coalitions will be selected based on their demonstrated history of activities resulting in outcomes addressing at least one of the identified social determinants of health mentioned above to address chronic disease conditions. **Applicants are strongly encouraged to consider and incorporate information, as relevant, indicated in Appendix C of the application: Considerations for Applicants to Inform Application Responses.** Preference will be given to applicants that demonstrate strong involvement from local and/or state public health departments.

## **Funding, Budget Requirement, Allowable Expenses**

### **46. What is the maximum amount of funding communities can receive?**

## **Improving Social Determinants of Health – Getting Further Faster Frequently Asked Questions (FAQ) Sheet**

Last Updated 12/4/2020

Applicants/communities can receive up to \$50,000 per community.

**47. What can the funding be used for?**

As stated on page 4 of the RFA, "Allowable Expenses Funds may not be used for equipment purchases. Per HHS requirements, funds awarded under this RFP are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (currently \$197,300)." Funds can be used for staff time for those working directly on project related activities.

**48. Can grant funds be used for a phased project?**

Yes, as long as the applicant is able to fulfill RFA requirements, including providing information on efforts already performed within the past 3 years and with tangible outcomes, regardless of project design (e.g., single vs. multiphase).

**49. Can funds be utilized to fund a contract for a project manager?**

Yes, funds may be used to cover staff time for engaging in project activities to fulfill RFA requirements.

**50. Can the funds cover in-house evaluation teams, or only external evaluators?**

Grantees are expected to work actively and closely with the external evaluation expert selected by ASTHO and NACCHO by providing detailed information about your partnership's/coalition's recent (within the past 3 years) efforts and tangible outcomes addressing at least one of the five prescribed social determinants of health to improve chronic disease conditions. Applicants may propose to use grant funds to cover internal or external personnel who would support the provision of information collected by the external evaluation expert.

**51. What type of staff do you envision grant funds be used to support? I.e. epidemiologist or other type of staff?**

Any staff or personnel qualified to directly fulfill RFA requirements can be included in your proposal. See the "Required Grant Activities to be Covered by Award" section of the RFA.

**52. Can grant funds be used for ASTHO and/or NACCHO membership?**

No. Only expenses dedicated to meeting RFA requirements are allowed. Membership dues to any organization are not relevant to this opportunity.

**53. Can the grant be used to support /asses an existing program?**

The purpose of this initiative is to evaluate efforts already performed within the past 3 years by partnerships/coalitions. This can include programs that are continuing, as long as applicants already have tangible results working in one or more of the 5 indicated SDoH areas to address chronic disease conditions.

**54. Are indirect expenses allowed? If yes, is there a specific limit?**

Yes, indirect expenses are allowed. While ASTHO nor NACCHO have a prescribed maximum indirect rate, we do reserve the right to question and request adjustments to the level and types of indirect expenses described in your budget narrative to ensure that such expenses are reasonable.

## Improving Social Determinants of Health – Getting Further Faster Frequently Asked Questions (FAQ) Sheet

Last Updated 12/4/2020

**55. If \$50,000 is the limit per community, does this mean a project with more than one organization has more than one community?**

No, the maximum award is \$50,000 per applicant. As described in page 2 of the RFA, eligible applicants represent “Community-level, multisectoral partnerships/coalitions with demonstrated and tangible outcomes addressing the social determinants of health (SDoH) related to chronic disease conditions, focusing on the built environment, clinical-community linkages, food insecurity, social connectedness, and tobacco-free policies”.

**56. What is the funding source?**

The Centers for Disease Control and Prevention (CDC) awarded funds to ASTHO and NACCHO for this project through the Strengthening Public Health Systems and Services Through National Partnerships (CDC-RFA-OT18-1802) cooperative agreement.

CDC does not endorse any particular product, service, or enterprise. Views expressed in related products do not necessarily reflect those of CDC, Health and Human Services.

### Contract Requirements

**57. If a community is selected, which contract (ASTHO or NACCHO) would they be responsible for signing?**

NACCHO and ASTHO will determine which grantees will execute which contract after sites have been selected. As such, we ask that you carefully review both contract requirements to assess your ability to enter into an agreement, regardless of version. Upon notification of award, we will work with you in support of a successful, prompt contract execution.

**58. As a part of the terms and conditions, is this considered a fee-for-service arrangement and not a grant, and who has intellectual property rights?**

As an awardee, you would execute a fixed-price contract for which any information/data that you collected outside of this opportunity would not be the exclusive property of NACCHO or ASTHO. The reports and other products generated as a result of this project (e.g., summary evaluation findings and recommendations produced by the national evaluator), which would be based upon an analysis of information provided across grantees, would be the property of NACCHO and ASTHO as deliverables to the CDC.

### Other

**59. Are there any case studies of organizations that have gotten this grant before and done well?**

This is the first time that this specific RFP has been released.