



REQUEST FOR APPLICATIONS

Building Community Resilience through Maternal Child Health and Emergency Preparedness and Response Collaboration

Overview

The National Association of County and City Health Officials (NACCHO) is the voice of the nearly 3,000 local health departments (LHDs) across the country. NACCHO provides resources to help LHD leaders develop public health policies and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster. Additionally, NACCHO advocates on behalf of LHDs with federal policymakers for adequate resources, appropriate public health legislation, and sensible policies to address the myriad of challenges facing communities.

NACCHO, with support from the Division of Reproductive Health within the Centers for Disease Control and Prevention (CDC), is pleased to offer a new funding opportunity designed to build community resilience and improve the lives of pregnant people, new parents, and their infants by strengthening partnerships between maternal and child health (MCH) and emergency preparedness (EPR) programs within LHDs. NACCHO will award up to \$20,000 to up to four health departments and will facilitate virtual action planning processes to support recipients to identify priorities for collaboration and take concrete steps to increase the prioritization of women of reproductive age (WRA) within EPR programs over the course of a nine-month project period.

All necessary information regarding the project and application process may be found in the Request for Application (RFA). Applicants may pose individual questions to NACCHO at any point during the application process by e-mailing Hitomi Abe at habe@naccho.org.

Background

Women of reproductive age (15-44 years) have unique needs that must be taken into consideration during response plans and efforts. From the Zika virus outbreak to recent natural disasters and now COVID-19, the US is facing an increasing number of complex public health emergencies that impact this population in different ways. Responses to each of these public health emergencies have identified gaps and a critical need for the US public health and health care systems at the national, state, and more specifically the local levels to build community resilience to prepare for and rapidly respond to the unique needs of WRA and their families. However, their prioritization is often hampered by fragmented responses resulting from disconnected stakeholders.

NACCHO uses a definition of community resilience put forth by RAND.

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“Community resilience entails the ongoing and developing capacity of the community to account for its vulnerabilities and develop capabilities that aid the community in (1) preventing, withstanding, and mitigating the stress of a health incident; (2) recovering in a way that restores the community to a state of self-sufficiency and at least the same level of health and social functioning after a health incident; and (3) using knowledge from a past response to strengthen the community’s ability to withstand the next health incident.”¹

Community resilience is strengthened through partnership building around MCH populations, as the recognition and addressing of this gap area with unique needs accounts for vulnerability.

In December 2014, NACCHO published a white paper titled [Community Resilience and Mobilizing for Action through Planning and Partnerships \(MAPP\): A Plan for Community Performance Measurement and Improvement](#). This white paper provides a theoretical connection between MAPP and community resilience and a conceptual foundation for using MAPP as a basis for community engagement projects. MAPP is useful because it is a community-owned process that involves broad representation of the local public health system, engages the community, and uses qualitative and quantitative data to inform the development, implementation, and evaluation of strategic community plans.

NACCHO will facilitate a virtual action planning process using MAPP principles with grantees that enables them to develop or improve relationships among MCH and EPR staff, identify shared goals, include priorities and considerations for WRA in EPR plans, and develop and implement joint action plans to effectively integrate WRA into preparedness plans and exercises and ultimately improving community resilience. NACCHO will facilitate the action planning development and implementation process, providing both group and individually tailored technical assistance and resources to grantees, as well as fostering a community of peer-to-peer learning among grantees.

Eligibility

Funding is available to all local health departments.

NACCHO will make up to four (4) awards of up to \$20,000 each. Applications must be submitted no later than March 26, 2021, at 11:59pm ET.

Project Requirements and Expectations

Selected LHDs will be required to complete the following during the project period of April 1, 2021 – January 15, 2022.

1. Participate in a project kick-off call with NACCHO, CDC, and other grantees.
2. Complete a baseline capacity assessment to assess partnership within the LHD. Findings will be used to formulate strategies for strengthened collaboration and guide EPR plans.
3. Participate in a virtual pre-conference workshop at NACCHO’s Preparedness Summit to kick-off action planning and participate in a technical assistance activity. The conference will be held from April 12-15, 2021. For more information, visit [here](#).

¹ Chandra, Anita et al. 2011. *Building Community Resilience to Disasters*. RAND Corporation.

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4. Plan and convene, in collaboration with NACCHO, a series of virtual action planning meetings with LHD staff and, if relevant, additional stakeholders. The purpose of these meetings will be to strengthen collaboration between MCH and EPR departments by sharing priorities, goals, activities, and responsibilities of MCH and EPR departments; facilitating relationship building; prioritizing EPR plans and exercises for MCH inclusion, and developing an action plan to support partnership building with the ultimate goal of incorporating WRA into preparedness plans.
5. Finalize an action plan to strengthen partnership and coordination between MCH and EPR departments with the ultimate goal of including WRA in preparedness plans and exercises.
6. Initiate implementation of the action plan.
7. Participate in monthly phone calls with NACCHO to plan for project activities, address challenges, and assess project progress.
8. Revisit the capacity assessment and use findings to celebrate improvements and identify areas for continued growth.
9. Participate in an all-grantee call to share project results, success stories, and lessons learned.
10. Complete a worksheet that summarizes progress in achieving action steps and partner engagement strategy. Include as examples of changes to any existing health department plans that reflect increased integration of MCH and EPR.

NACCHO will provide grantees with technical assistance and facilitate virtual action planning meetings. Results of this project will be disseminated among NACCHO's members and other stakeholders.

The following table outlines the tasks expected of the selected sites and an overall project timeline:

Application submission deadline	11:59pm ET on March 26, 2021
Anticipated contract start date	April 9, 2021
Project Kick-off: Preparedness Summit	April 12-15, 2021
Series of virtual action planning meetings	April-July, 2021
All-grantee calls	July, October, January 2021
Completed partnership assessment and final deliverable	January 30, 2022
Anticipated contract end date	January 30, 2022

Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

Application Instructions

1. Review the requirements and expectations outlined in this RFA.
2. Complete the [Application Document](#) in its entirety.
3. Make sure you have all attachments: line-item budget and narrative, contract forms, vendor information form, W-9, and non-debarment form.
4. **Each LHD may submit one application only.**
5. Combine the [Application Document](#) and all attachments in one single PDF file and submit it as email attachment to habe@naccho.org by 11:59PM on March 26, 2021. No applications will be

accepted by fax or postal mail. Applications submitted after this deadline will not be reviewed.

Application Components

A. Contact Information

B. Questions

Below are questions you will be required to answer in the [Application Document](#):

1. Briefly share the structure of your LHD, the size and location of your jurisdiction, and your population (250 words).
2. Describe MCH and EPR challenges faced by your LHD. For example, challenges might be related to relationships with key stakeholders/communication plans, epidemiology/surveillance, informatics, and/or workforce (500 words).
3. Tell us about your existing partnerships, both within the LHD and with external stakeholders, that focus on and/or provide services to WRA. In your response, describe the level of collaboration among MCH, EPR, and other relevant departments, and identify external partners that you need to work with to meet your goals (250 words).
4. Describe how this project will increase the capacity of your LHD to meet the needs of WRA, pregnant people, birth parents, and infants and reduce inequities related to public health emergencies. In your response, please include how you envision your MCH and EPR departments working together to achieve these goals and the types of EPR exercises or activities that you hope to incorporate into your project plans (1000 words).
5. How will this project build community resilience in your jurisdiction? See the appendices for sample measures related to community resilience (250 words).
6. Identify key staff that will support this program, including their positions and anticipated roles on this project (250 words).
7. Describe your LHD's experience developing and conducting preparedness plans, exercises, and responses (250 words).

C. Attachments

1. Submit a line-item budget with a justification for each item. If the funding will be used to support staff salary, the line-item budget should include names, titles, salary, and percentage of time spent on this project. Restricted items will not be considered or reimbursed. The following is a list of unallowable costs:
 - Alcoholic Beverages
 - Bad Debts
 - Contributions and donations
 - Entertainment Costs
 - Fines and penalties
 - Goods and services for personal use
 - Lobbying
 - Losses on other awards
 - Food
 - Incentives

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- Funding restrictions stated in [CDC-RFA-OT18-1802](#) apply
2. Contract Forms (see Contract Terms section below)

Contract Terms

Agreement with NACCHO standard contract terms and conditions ([here](#)) and scope of work (Appendix A) is a requirement. Applicants should review all terms and conditions to determine whether or not they are appropriate for submitting a proposal. **No modifications to the terms, contract language, or scope of work will be made. Contractors that cannot agree to NACCHO's contract language should not apply for this initiative.** If you are an applicant from Florida, please contact NACCHO immediately for a copy of the Florida standard contract.

- Applicants should attach the following completed forms with their applications to facilitate a smooth contracting process upon award:
 - [Vendor information form](#)
 - [W-9](#)
 - [Non-debarment form](#)
- In addition, you will be required to answer the following two questions in the Application Document:
 - Does your organization have prior experience in federal contracting?
 - Has your organization completed a Single Audit?

If awarded, the organization must be registered with SAM.gov and will provide proof of completion by sharing a DUNS number.

Selection Criteria

An Evaluation Team composed of representatives from NACCHO will use the following criteria to evaluate proposals for the purpose of ranking them in relative position based on how fully each proposal meets the requirements of this RFA:

- ***Prioritization of Issues (20 points):*** Applicant demonstrates a knowledge of MCH EPR challenges (especially for WRA and pregnant/post-partum women) facing the community and has demonstrated why they are prioritizing certain challenges.
- ***Project Approach (25 points):*** Applicant describes a project plan that is feasible, responsive, and likely to increase the EPR capacity of the LHD. The project plan should include statements about how this will improve community resilience. Applicant should also demonstrate overall commitment, completeness in answering the questions, and submission of all required information and documents.
- ***Organizational Capacity (25 points):*** Applicant has capacity to develop and implement EPR plans, exercises, and responses and the ability to complete required deliverables.
- ***Commitment to Collaborate (20 points):*** Applicant demonstrates a commitment to collaborate across MCH and EPR departments. Note that lack of a pre-existing relationship between MCH and EPR departments is not a barrier to a successful application. If there is currently no coordination, we seek evidence of a commitment to collaborate either through the narrative or letters of commitment from department directors.

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- ***Commitment to Addressing Equity (10 points):*** All successful applications will have identified inequities within MCH populations and propose approaches that address these inequities.

Method of Payment

Awardees will be supported through a fixed-price contract based on a schedule of deliverables. The proposed schedule is as follows, based on a \$20,000 project budget:

Deliverable	Target Date	Amount
Participation in action planning kickoff at Preparedness Summit	4/15/2021	\$5,000
Action plan developed	7/30/2021	\$5,000
End-of-project worksheet submitted	1/30/2022	\$10,000

Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

APPENDICES

Appendix A – Scope of Work

Building Community Resilience through Maternal Child Health and Emergency Preparedness and Response Collaboration

April 9, 2021 – January 30, 2022

- Participate in a project kick-off call with NACCHO, CDC, and other grantees.
- Complete a baseline capacity assessment to assess partnership within the LHD. Findings will be used to formulate strategies for strengthened collaboration and guide EPR plans.
- Participate in a virtual pre-conference workshop at NACCHO's Preparedness Summit to kick-off action planning and participate in a technical assistance activity.
- Plan and convene, in collaboration with NACCHO, a series of virtual action planning meetings with LHD staff and, if relevant, additional stakeholders. The purpose of these meetings will be to strengthen collaboration between MCH and EPR departments by sharing priorities, goals, activities, and responsibilities of MCH and EPR departments; facilitating relationship building; prioritizing EPR plans and exercises for MCH inclusion, and developing an action plan to support partnership building with the ultimate goal of incorporating WRA into preparedness plans.
- Finalize an action plan to strengthen partnership and coordination between MCH and EPR departments with the ultimate goal of including WRA in preparedness plans and exercises.
- Initiate implementation of the action plan.
- Participate in monthly phone calls with NACCHO to plan for project activities, address challenges, and assess project progress.
- Revisit the capacity assessment and use findings to celebrate improvements and identify areas for continued growth.
- Participate in an all-grantee call to share project results, success stories, and lessons learned.
- Complete a worksheet that summarizes progress in achieving action steps and partner engagement strategy. Include as examples of changes to any existing health department plans that reflect increased integration of MCH and EPR.

Appendix B – Components of Community Resilience Example Measures

- Social and economic well-being
 - Percent unemployed
 - Percent children under poverty level
 - Percent families under poverty level
 - Median household income
 - Ratio of high school students graduating who entered 9th grade 3 years prior
 - Number and proportion of migrant persons
 - Number and proportion of homeless persons
 - Number and proportion of non-English speaking persons
 - Number and proportion of persons aged 25 and older with less than a high school education
 - Number and proportion of persons without health insurance
 - Number and proportion of single parent families

- Physical and psychological health of population
 - Perceived health status
 - Average number of sick days
 - Mortality rate
 - Unintentional injuries
 - Fatal injuries
 - Homicides
 - Infant deaths
 - Preterm births
 - Adults who are obese
 - Children and adolescents who are considered obese
 - Healthy People Leading Health Indicators for Mental Health
 - Suicide rate
 - Adolescents who experience major depressive episodes
 - Average number of days for which adults report that their mental health was not good
 - Psychiatric admissions rate
 - Domestic violence rate
 - Rates of illegal drug use
 - Drug-related mortality rate
 - Rate of confirmed cases of child abuse and neglect among children

- Risk communication

Local Public Health System Assessment Questions (included in National Public Health Performance Standards Local Instrument). At what level does the local public health system:

- 3.2.1 Develop health communication plans for media and public relations and for sharing information among LPHS organizations?
 - 3.2.2 Use relationships with different media and public relations and for sharing information among LPHS organizations?
 - 3.3.1 At what level does the LPHS develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?
 - 3.3.2 At what level does the LPHS make sure resources are available for a rapid emergency communication response?
 - 3.3.3 At what level does the LPHS provide risk communication training for employees and volunteers
- Social connectedness
 - Percentage of residents doing favors for neighbors
 - Percentage of residents eating dinner with their family at least few times a week
 - Percentage of children living in neighborhoods that are supportive
 - Voting-eligible population highest office turnout rate
 - Percentage of community residents volunteering
 - Average volunteer hours per resident
 - Rate of volunteer retention
- Integration and involvement of organizations involved in planning, response, and recovery

Local Public Health System Assessment Questions (included in the National Public Health Performance Standards Local Instrument). At what level does the local public health system:

 - 2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?
 - 2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?
 - 2.2.6 Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)?
 - 3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?
 - 3.3.2 Make sure resources are available for a rapid emergency communication response?
 - 5.4.1 Support a workgroup to develop and maintain emergency preparedness and response plans?
 - 5.4.2 Develop an emergency preparedness and response plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?

- 5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two year?

