REQUEST FOR APPLICATIONS

SCALING UP COVID-19 PREVENTION AND MITIGATION STRATEGIES WITH REFUGEE, IMMIGRANT, AND MIGRANT (RIM) COMMUNITIES

National Association of County and City Health Officials (NACCHO)

Release Date: May 6, 2021

Due Date: June 11, 2021

For questions about the Request for Applications (RFA), contact Lucy Slater, Senior Director, HIV, STI, & Viral Hepatitis, at lslater@naccho.org.

Summary Information

Project Title: Scaling up COVID-19 Prevention and Mitigation Strategies with Refugee, Immigrant, and Migrant Populations

Proposal Due Date and Time: June 11, 2021 at 11:59 PM PT

Informational Webinar: May 17, 1:00 PM ET

Selection Announcement Date: July 2021

Source of Funding: Centers for Disease Control and Prevention 6NU38OT00306-03-02

Funding Amount: Tier 1: up to $175,000; Tier 2: up to $250,000

Estimated Period of Performance: Upon execution of the contracts (between July 1 and July 31, 2021) to July 31, 2022.

Point of Contact for Questions Regarding this Application: Lucy Slater (lslater@naccho.org)

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. These city, county, metropolitan, district, and tribal departments work to protect and improve the health of all people and all communities. NACCHO provides capacity-building resources that support LHD leaders in developing and implementing public health policies and practices to ensure communities have access to the vital programs and services that protect them from disease and disaster. Additionally, NACCHO engages with federal policymakers on behalf of LHDs to ensure adequate resources, appropriate public health legislation, and sensible policies are in place to address the myriad of public health challenges facing communities. In partnership the Centers for Disease Control and Prevention (CDC), NACCHO is pleased to offer a funding opportunity to LHDs **to rapidly scale up innovative COVID-19 education, testing, contact tracing, vaccination, and other prevention and mitigation strategies with refugee, immigrant, and migrant (RIM) communities**.

Background

Refugee, immigrant, and migrant (RIM) populations include people residing in the United States who were born in another country.[1] There is significant diversity among RIM populations, who

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[1] COVID-19 Case Investigation and Contact Tracing among Refugee, Immigrant, and Migrant (RIM) Populations: Important Considerations for Health Departments https://www.cdc.gov/coronavirus/2019-ncov/php/rim-considerations.html

come from all over the world with different languages, experiences, and cultural practices and who have spent varied amounts of time in the United States and have different immigration statuses. RIM populations have been disproportionately impacted by COVID-19 morbidity and mortality due to language and cultural barriers, occupational hazards, and structural racism and xenophobia which may be particularly heightened for RIM populations of color. Upstream factors include increased exposure to COVID-19 in occupational and other high-risk settings, such as migrant farmworker housing, meat packing plants, or institutional settings such as detention facilities; greater prevalence of underlying health conditions that increase the severity of COVID-19; and fear or distrust of government or health systems, which may be exacerbated for undocumented individuals or RIM populations of color, given the history of medical discrimination and experimentation in the United States. Downstream factors include language barriers, cultural practices, and unfamiliarity with the US public health and healthcare systems, all of which may make it difficult to access, understand, and follow standard public health guidance.

Prevention and mitigation of COVID-19 at the community level can be thought of as a continuum of services. Primary prevention aims to promote population health and well-being and prevent disease before it happens. Primary prevention of COVID-19 includes health communications and health education efforts to raise awareness of risk, promote preventive measures such as mask wearing and social distancing and address vaccine hesitancy, as well as the conduct of vaccine distribution itself. Secondary prevention aims to prevent the progression of disease through early detection and intervention, and includes COVID-19 testing, referrals to care and isolation support, and contact tracing and investigation.

To ensure the success of both primary and secondary COVID-19 prevention and mitigation strategies and to address inequities in COVID-19 morbidity and mortality experienced by RIM communities, LHDs need strong and sustained community partnerships, experienced human resources, cross-program infrastructure to support logistics for testing and vaccine delivery at scale, and planning, evaluation, and financial management capacity. This funding opportunity will support LHDs to strengthen partnerships with RIM communities in their jurisdictions and to collaboratively design, implement, and evaluate innovative and sustainable approaches to primary and secondary prevention strategies for COVID-19 in the short term, and additional vaccine preventable diseases in the long term.

The goals of this project are to:

1. Improve COVID-19 prevention, contact tracing and mitigation among RIM populations.
2. Reduce inequities in COVID-19 morbidity and mortality in funded jurisdictions.
3. Identify models and best practices for primary and secondary prevention of COVID-19 that are sustainable and have potential to address other communicable diseases among RIM populations in the future.
4. Identify sustainable approaches for strengthening partnerships between LHDs and RIM populations and adapting public health strategies for RIM populations.

Funding Overview and Timeline

NACCHO will issue contracts of **up to $175,000 to LHD sites that elect to conduct required activities under Tier One**, and **up to $250,000 to LHD sites that elect to conduct required Tier One activities <u>and</u> supplemental activities under Tier Two**.

Applications must be submitted by **June 11, 2021 at 11:59PM PT to lslater@naccho.org**, and selections will occur on or around July 1, 2021. All necessary information regarding the project and application process is outlined in this Request for Applications (RFA).

NACCHO will host an **optional informational webinar** for potential applicants on **Monday May 17, 2021 at 1:00 p.m. ET** to review the RFA and respond to questions. Please note that no new information will be shared during the webinar and applicants do not need to wait for this optional webinar to begin or submit applications. To register for the webinar, visit here. Questions may be submitted in advance to lslater@naccho.org and will be accepted until 11:59PM (PDT) on Friday, May 14, 2021.

Key Application Dates

Event	Date/Time
Informational Webinar	May 17, 2021 from 1:00 p.m. – 2:00 p.m. ET
Application Deadline	June 11, 2021 at 11:59 PM PT
Anticipated Notification Date	July 1, 2021
Project Period	Upon execution of the contract (between July 1 and July 31, 2021 to July 31, 2022[2]

Eligibility and Contract Terms

This RFA is open to LHDs and community-based organizations serving RIM populations.

<u>LHDs</u>
LHDs must partner with at least one community-based organization[3] serving RIM populations in their application, as described in a Memorandum of Understanding or Letter of Support from the partner organization.

Each LHD may submit only one application. If two or more LHDs serve the same or overlapping jurisdiction, only one will be awarded. LHDs are encouraged to work together on one

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[2] The project period shall begin upon both parties' full execution of the contract and will end as late as July 31, 2022, contingent on CDC approving a no-cost extension.
[3] Community-based organizations include, but are not limited to, nonprofits that provide health or social services or support community development, common interest groups, and faith-based organizations.

application to serve their entire jurisdiction(s) and select one agency to submit the application and serve as a fiscal agent for the funds.

<u>Community-based Organizations</u>
Community-based organizations serving RIM populations are also eligible to apply, but are required to develop and implement a partnership/practice agreement with a LHD, as described in a Memorandum of Understanding or Letter of Support from the partner LHD. Assistance in locating the LHD in your area can be found [here](#).

Applicants should plan for 12 months of project implementation. Projects will begin on the date of contract execution. NACCHO will pay the selected project areas upon receipt of deliverables per the payment schedule identified in the scope of work contained in the contract. Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

NACCHO standard contract language can be found [here](#) if needed.

Project Expectations and Requirements

This project seeks to enhance the capacity of LHDs and RIM communities to work effectively with each other to prevent and respond to COVID-19 by supporting innovative and sustainable approaches to COVID-19 contact tracing, testing, education, vaccination, and other prevention and mitigation strategies. Awardees will be expected to design, implement, and evaluate interventions that meet the following criteria:
- **Focus on RIM populations:** Interventions should focus on at least one specific, defined RIM population that resides and/or works within the LHD's jurisdiction.
- **Community Engagement:** A partnership between a LHD and one or more community-based organizations that serve RIM populations, or with community leaders within RIM populations, should guide all aspects of their project.
- **Community Assessment:** Selection of priority interventions and approaches should be informed by recent review of target RIM community COVID-19 primary and secondary prevention needs.
- **Promising or Evidence-Based Practice:** Interventions should be informed by evidence and/or data. This can include an adaptation of an existing, evidence-based strategy or an innovative strategy that is designed using evidence-based principles, theories, or frameworks. Recognizing the unprecedented nature of the COVID-19 pandemic, applicants may also propose emerging practices that have been implemented and appear promising in other jurisdictions but that have not yet been evaluated. (*See the Appendices for examples of such practices*).
- **Feasible and Replicable Across Jurisdictions:** Proposed interventions should demonstrate the potential to feasibly be replicated and/or adapted for use in other jurisdictions.
- **Ready for Start-Up or Implementation:** Proposed interventions should be ready to be implemented or already being implemented to some extent.

- **Sustainability (Tier 2):** The project should be sustainable—that is, result in initiation of expanded public health efforts with RIM communities that have the potential to be sustained beyond the project end date, e.g., development of a community advisory board or other relationships and infrastructure that will facilitate ongoing collaborations beyond the project and beyond the COVID-19 pandemic.

Tier 1 applicants will be expected to describe one or more primary prevention communications activities they plan to conduct in partnership with the RIM community to advance COVID-19 prevention and mitigation. Such activities may include health communications that raise awareness of risk, promote preventive measures such as mask wearing and social distancing, or address vaccine hesitancy. **Tier 2 applicants** will be expected to describe an **additional** primary prevention or a secondary prevention activity to support scale up of COVID-19 vaccine delivery, testing, and/or contact tracing in partnership with the RIM community.

Evaluation

To support the identification of best and promising practices of COVID-19 prevention and control strategies for RIM populations, robust evaluation strategies will be key to the success of the project. NACCHO will work with funded applicants to design and implement individual project and overall program evaluation efforts and will provide technical assistance to funded sites to support monitoring and evaluation. Each site will be expected to work with NACCHO to develop an evaluation plan and collect the necessary data to answer key evaluation questions.

Summary of Required Grant Activities to be Covered by Award

During the project period, awardees will:
- Participate in a virtual kick-off meeting
- Conduct a rapid assessment of community needs (if appropriate)
- Finalize a workplan and evaluation plan
- Implement the workplan and evaluation plan
- Develop a sustainability plan (Tier 2)
- Collaborate with NACCHO and CDC to collect analyze, interpret, and synthesize evaluation findings.
- Collaborate with NACCHO and CDC to share ongoing lessons learned and findings through reports, webinars, and limited peer-to-peer technical assistance with other jurisdictions interested in learning more about the innovation or improvement.
- Participate in regularly scheduled project conference calls and other potential project or dissemination meetings, as appropriate.

Summary of key project deliverables for funded sites:
- Final workplan
- Final evaluation plan
- Clean, aggregate summaries of all data collected under the evaluation plan (e.g., Excel worksheets of collected data, summaries of qualitative data analysis)

- Electronic copy of written protocols, procedures, tools, or job aids that were used to implement/guide the innovation or improvement and which other jurisdictions might benefit from seeing
- Written summaries of results and lessons learned
- Final sustainability plan (Tier 2)

Support and Technical Assistance

NACCHO and CDC will provide ongoing support to awardees in the form of:
- Technical assistance via conference calls and/or webinars to facilitate project planning, implementation, data collection and analysis, and reporting
- Connection to national, state, and local subject matter experts
- Program and project evaluation planning, development of data collection tools, and support for data management and analysis
- Synthesis of evaluation findings across jurisdictions
- Provision of templates for dissemination/summary products

Application Instructions

1. Cover page and project abstract (1 page)
   o Include project title; applicant organization name and address; primary point of contact name, email address, and phone number; whether you are applying under Tier One or Tier Two; requested funding amount; and <250 word project summary.

2. Statement of Need (1-2 pages)
   o Briefly describe the demographics of your jurisdiction and of the RIM population(s) that you serve.
   o Describe the impact of COVID-19 on your jurisdiction in general, as well as on the RIM population(s) you propose to reach.
   o What has been the response to COVID-19 among RIM communities in your jurisdiction to date? What challenges and barriers are RIM communities experiencing in their response to COVID-19?

3. Partnerships (1-2 pages)
   o Describe existing partnerships between the LHD and organizations or leaders within the RIM communities you propose to work with. What ongoing structures are in place to facilitate communication and engagement?
   o How will your LHD/community-based partnership jointly engage on an ongoing basis with RIM communities to support their meaningful participation in program planning and implementation?

4. Needs Assessment (1-2 pages)

- o Describe any special data collection/needs assessment activities for COVID-19 prevention and mitigation interventions in RIM communities that have been conducted by you or others in your jurisdiction since March 2020. What data sources were reviewed? If special assessments were conducted, what were the goals of the assessment? What were the results? Attach any assessment tools and reports of findings.
     OR
- o Describe how you will rapidly review data and/or collect information to better understand COVID-19 prevention and mitigation needs in the RIM population you propose to reach. How will you partner with the RIM community in this effort? Describe data sources you will use and/or how you will design and/or select assessment tools, conduct the assessment and rapidly analyze findings. (*See the Appendices for examples of assessment strategies or tools*).

5. Intervention(s)

   Tier One (Required): All applicants must complete this section (2-3 pages). Describe at least one *primary prevention communications* activity you propose to conduct in partnership with the RIM community to address priority COVID-19 prevention and mitigation needs. Such activities may include use of health communications methods such as dissemination of written materials, billboards, TV, radio, or social media that raise awareness of risk, promote preventive measures such as COVID-19 testing, mask wearing and social distancing, or address vaccine hesitancy. Examples of best and promising primary prevention practices in RIM communities can be found in the Appendices.
   - o Describe how you have used or expect to use your needs assessment findings to inform the design of this/these activities.
   - o Explain how this activity will be culturally and linguistically appropriate, and how it will be accessible to persons of low-literacy and low-English proficiency.
   - o What evidence or justification can you provide that this intervention will be effective in RIM communities?
   - o Provide a brief workplan for this activity, explaining what will happen, when, and by whom.

   Tier Two (Optional): Only applicants who wish to apply for Tier Two activities in addition to Tier One activities need complete this section (2-3 pages). *In addition* to the required primary prevention communications activity you have described in Tier One, describe *at least one additional primary or secondary prevention activity* that you will perform. Such activities should support scale-up of COVID-19 vaccine delivery, COVID-19 testing, and/or COVID-19 contact tracing in RIM communities. Examples of best and promising secondary prevention practices in RIM communities can be found in the Appendices.
   - o Describe how you have used or expect to use your needs assessment findings to inform the design of this/these additional activities.

- What evidence or justification can you provide that this/these activities will be effective in RIM communities?
- Explain how this/these activities will be culturally and linguistically appropriate, and how it will be accessible to persons of low-literacy and low-English proficiency.
- Provide a brief workplan for this/these activities, explaining what will happen, when, and by whom.
- Describe efforts you will take to ensure that your activities will improve the ability of the LHD and of the RIM community to effectively promote the public health of RIM communities for the long term. Examples of such efforts might include aligning project staff and/or community advisory bodies within other ongoing funding streams for long term sustainability; or promoting integration of culturally and linguistically appropriate health communications into RIM community health and social services.

6. Evaluation (1-2 pages)
   - Describe how you will document implementation of this/these activities to inform replication and scale-up efforts in other jurisdictions.
   - Describe your <u>current</u> capacity to evaluate this project, including your ability to develop an evaluation plan, design and implement data collection tools, and to collect and analyze data.
   - What kinds of technical assistance will you need to support evaluation of this project?

7. Organizational Capacity (1 page)
   - Describe your capacity to manage this project. Which staff will be involved in this project, and why?
   - Provide an overview of organizational roles in project implementation (i.e., what the applicant will do and what role your LHD or community partner(s) will play)

8. Budget
   - Complete a proposed project budget using the [provided template](), and provide a justification for your expected costs in a budget narrative.

9. Required Attachments
   - Memorandum of Understanding or Letter of Support from at least one community-based/LHD project partner.
   - [Vendor Information Form]()
   - [Certification of Non-Debarment]()
   - [W-9]()
   - [FFATA data collection form]()
   - Before a contract can be entered into, proof of active registration with SAM.gov in accordance with an active DUNS number must be obtained. Registration can be done [here]().

10. Optional Attachments
    o RIM COVID-19 prevention needs assessment tools and findings

Selection Criteria

NACCHO will review and score applications for this RFA in accordance with the following criteria (out of 100 points):

- Evidence of need to address COVID-19 among RIM populations (20 points)
- Extent to which proposed strategies are or will be responsive to local needs and trends e.g., as identified through needs assessment (10 points)
- Extent to which proposed strategies are likely to result in sustainable and meaningful engagement of RIM community-based organizations and community members in COVID-19 prevention and mitigation planning and implementation (30 points)
- Extent to which proposed strategies are likely to improve COVID-19 prevention and mitigation among RIM populations (30 points)
- Extent to which proposed interventions are evidence-based, ready for implementation, and likely to be replicable/adaptable in other jurisdictions (10 points)
- Extent to which organization has the capacity and partnerships needed to ensure successful implementation of the proposed intervention or improvement (10 points)

Appendices: Promising or Evidence-Based Practices and Assessment Resources

The National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM)
The National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM) has developed and curated a collection of resources to support state and local health departments working with refugee, immigrant, and migrant (RIM) communities that have been disproportionately affected by COVID-19. Applicants are encouraged to review resources on the NRC-RIM website while developing their application and to consider utilizing NRC-RIM resources in their proposed approach.

Specifically, applicants may find the following resources useful when developing their application:

1) Promising practices are strategies, approaches, or programs that have anecdotally shown a positive impact in some local settings. NRC-RIM has collected nearly 40 promising practices through one-on-one interviews with public health professionals actively engaged in COVID-19 response among RIM communities.

2) Toolkits contain practical guides, checklists, and promising practices relevant to each toolkit topic. All materials were curated specifically to support health departments with COVID-19 response among RIM communities:
   a) Case investigation and contact tracing
   b) Communications
   c) Community engagement
   d) Partnerships
   e) Testing
   f) Vaccination

3) Get the Facts and Get Vaccinated are COVID-19 vaccination campaigns that include fact sheets, posters, social media assets, and public service announcements **translated into 30+ languages; easy to use and customizable templates** allow health departments and other organizations to add their own logos.

4) In partnership with IDEO.org and leaders from refugee and immigrant communities, NRC-RIM developed community-led COVID-19 campaigns about COVID-19 vaccines and contact tracing; NRC-RIM offers an **interactive guidebook for health departments to build new campaigns in partnerships with communities.**

Centers for Disease Control and Prevention (CDC) COVID-19

The CDC COVID-19 Website has many useful resources and guidelines including:
- Communication Resources
- Community-Based Organizations COVID-19 Vaccine Toolkit
- Rapid Community Assessment Guide