Raw File

Date: September 22, 2020

Time: 2:15 p.m.

Event: RFA Overview in Addressing Needs of

People with Disabilities COVID‑19

Preparedness Project

 Services provided by:

Caption First, Inc.

P.O. Box 3066

Monument, CO 80132

1 877 825 5234

719 481 9835

Www.captionfirst.com

 \*\*\*

This text, document, or file is based on live transcription. Communication access realtime translation (CART), captioning and/or live transcription are provided in order to facilitate communication accessibility and may not be a totally verbatim record of the proceedings. This text, document, or file is not to be distributed or used in any way that may violate copyright law.

>> SARA LYONS: Thank you everyone for joining today. We are having a little difficulty with having our captions embedded within the Zoom platform. But what I am going to do right now is put, in the Chat, the Streamtext link, which will give you a link that you can click on that will provide you with the captioning separately and it will parallel with the information that we are providing in the webinar. If you can just give me one second if I just put this in the Chat.

(Pause)

The webinar logistics first bullet point does not apply because the CC link is not working on Zoom. Feel free to use the Streamtext link in the Chat that I shared. The webinar is recorded and it will be shared after the call to everyone after today's webinar. And also posted on NACCHO's website along with the transcript. You can submit any questions throughout the presentation using the Q & A box. And we will make time at the end of the presentation to answer any questions. If you need technical assistance, please use the Q & A box as well. I am really excited to be able to share this funding opportunity with you all.

This is Sara Lyons I am the Senior Program Analyst for the Health and Disability program. I oversee all of our Health and Disability projects and I will be the main person that selected applicants will be working with from NACCHO.

A little background and NACCHO: It is the only organization dedicated to serving every local health department in the nation. NACCHO serves 3,000 local health departments and is the cutting edge of building professional programs, health equity and supporting local public health practice and systems our goals are to support local heads, advocate on behalf of local health, optimize strategic alliances and partnerships and encourages engagement.

NACCHO advocates for local health departments on Capitol Hill, posts informative conversations, develops timely tools, resources and publications, disseminates evidence‑based practices, provides technical assistance funding and training and cultivates important partnerships to move public health forward. NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity and supporting effective local public health practice and systems. NACCHO provides resources tools and assistance to local health departments in the following focus areas, community held. Public health preparedness and environmental health. Funding for NACCHO's programs are provided through federal grants and cooperative agreements as well as through foundation and private funding sources.

For the current opportunity addressing the needs of people with disabilities in COVID‑19 preparedness and planning and recovery efforts I want to describe some key dates. We released this request for application two weeks ago today, September 8. Today this is an informational web that. The due date for applications are October; Tuesday, due at the end of the day, 11:59 a.m. Eastern. We plan to have noticing of awards October 30. I am going to do a little of the funding announcement overview and we will hear from everyone of our CDC colleagues supporting the project. To give a little bit of a national understanding of why people with disabilities are important with respect to preparedness, the map is adults 18 years of age or older. Currently, the 2018 data has 26% of adults in the United States having a disability. This means that over 61 million adults or 1 in 4 adults are living in communities in the US with a disability. For more information about data in your state you are welcome to visit the link below CDC's disability and health system data.

 I am going to pass it to our CDC colleague, the project funder for this opportunity, Centers for Disease Control Prevention, working with Disability and Health Promotion grant. We will hear today for a few minutes from Robyn Cree, an epidemiologist with that branch. So, Robyn, feel free to unmute and I am happy to advance your slides.

>> ROBYN CREE: Thank you, Sara. Most of us have seen disturbing news with respect to COVID‑19 in the news and People with Disabilities, such as treatment with respect to care because of their disability, higher infection and death rates, compared to people without disabilities and also discrimination to people with disabilities who are not always included in emergency planning and response.

Although having a disability is not a risk factor for COVID‑19, people with disabilities are more likely to be older or have underlying health conditions that do put them at risk for severe illness.

People with disabilities also face significant disparities in healthcare access compared to people without disabilities. Therefore it is essential that people with disabilities are included in emergency planning and response. Next slide, please. The purpose of this project is to improve local health capability to effectively address the needs of people with disabilities when planning and responding to out breaks, pandemics and other national emergencies, particularly during the current COVID‑19 pandemic.

Next slide.

The project has three strategies to ensure the needs of People with Disabilities are addressed. First is to include People with Disabilities in local preparedness and response efforts. Second is to improve understanding of the unique healthcare service needs of people with disabilities before, during and after a pandemic and engage partner to share and disseminate resources for PWD. This is with respect to the first strategy highlight there next slide. Disability champions will be embedded within health departments and they will help ensure that first issues impacting people with disabilities are considered with respect to response efforts and home response \*\* other national emergencies. Disabilities champions will partner with their city, county, public health program and Emergency Management Systems to ensure that impact of people with disabilities are; hold his oning sessions with disability organizations, \*\* and make recommendation for solving issues within the context of the local response. They will engage and coordinate with FEMA integration specialistses and other people a staff for disability service organizations to determine local needs. They will collaborate with HHS and ASPER CDC, FEMA, community‑is baaed organizations, local government, non‑profit agencies and other relevant entities to coordinate efforts at the local level.

Finally, they will work with NACCHO to develop plans implementation evaluation and sustainable plans \*\* affect the overall impact of this project. It is our hope at CDC that this project will help ensure long‑term uptake of disability inclusiveness preparedness planning and risk reduction preparedness response policies checklist and plans. Thank you all for your interest in this opportunity to improve preparedness planning and response for people with disabilities. I will now turn it back over to Sara.

>> SARA LYONS: Thank you so much Robyn for that perspective of CDC. We are really excited that we can work ‑‑ continue to work with CDC on this project.

So now I am going to so some more overview of the funding opportunity as well as go through the elements of the application.

So NACCHO will be issuing awards in the form of fixed priced contracts and those will be up to $83,000 each to approximately ten local health departments to complete the required activities.

Inch oh will disburse funds according to completion of the assigned scope of work and accepted deliverables. And will be providing a payment schedule in accordance with the assigned completion percentage.

The project timeline: The project period will begin upon both parties' full execution of the contract; and will end July 31, 2021. Contingent on CDC approving a no‑cost extension, the project will continue and will have to do a contract modification to those contracts, to end no later than June 30, 2022. When completing the budget template, we ask that you create it for the entire anticipated project period; which would be approximately November 2020, which is around the time you will have the executed contract the, through June 30 of 2022.

\*\*.

This funding opportunity is open to local health departments with an interest in building capacity and emergency I preparedness and response to meet the needs of people with disabilities in their jurisdiction particularly during the current COVID‑19 pandemic. The applicants should meet the following requirements: The health department must be able to support or hire a disability champion to coordinate project activeses to ensure that issues impacting people with disabilities are included in local planning and response efforts the health department also must have capacity to engage with people with disabilities and or partner with organizations that serve people with disabilities throughout the project period.

I am going to provide some expectations of the project. There's more information in detail of the required expectations in the scope of work which is included in the full request for applications document. Some of the expectations will be first to support or hire a disability champion to coordinate activities and ensure that issues impacting people with disabilities are included in planning and response efforts. NACCHO strongly encourages people with disabilities be hired as these champions.

We'll also be asking selected health departments to participate in project kickoff and close out calls with all grantees CDC and NACCHO. Also to collaborate on implementation and sustainability plan with disability champion local public health emergency preparedness program staff to ensure disability‑inclusive planning and response efforts.

We will also be asking to establish and maintain partnerships across public health, emergency preparedness and organizations that serve people with disabilities to address the local needs of people with disabilities within emergency planning and response efforts.

There is also a requirement to participate in Community of Practice and technical assistance calls to review progress of planned activities and share practices and lessons learned P. We will also be participating in evaluation‑related activities to track and measure progress towards expressed outcomes and completing a final report detailing successes, challenges and lessons learned of the project.

Now, we are going to go into a little more detail of the application requirements.

So, all of the elements of the application include a cover page, project narrative, budget and budget justification; at least one letter of support from a disability organization partner; and additional documents including vendor information form, certification on non‑debarment and W‑9 form. For the cover page this does not count towards the page limit; but we would like to have information on the applicant organization name, address, city and state; the size of the jurisdiction served; the characteristic of the jurisdiction, meaning rural, urban, suburban or mixed. And the name, phone number and email for the primary point of contact for the application.

Next, the project narrative, which we would like to be single‑spaced, Times New Roman, 12‑point font with 1 inch margins, maximum three‑pages, addressing all three of the narrative domains, which include the statement of need, organizational capacity and partnerships. Please note, \*\* will consider jurisdiction \*\* and population size served to ensure \*\* local health departments selected. Reviewers may give \*\* to with significant COVID‑19 \*\* and national disability prevalence.

So, for a statement of need, the first piece is describing the demographic characteristics of the jurisdiction including information on the disability prevalence, race and ethnicity data and poverty rate.

Additional elements for the statement of need is describing the impact of COVID‑19 on the jurisdiction and the jurisdiction's current response efforts, including any existing challenges related to COVID‑19 response efforts. In describing the impact of COVID‑19, there are certain data points that we would like to be included, including total cases per 100,000, total COVID‑19 deaths per 100,000; total number of cases, total number of deaths, the positivity rate and the case fatality rate. Because you may be working on this application through the next month and a half, please make sure you are reporting on data as of September 30 just to have a cutoff point. Also make sure when including the statement of need as describing who in your jurisdiction is the most impacted by the disease.

The next piece of the narrative is organizational capacity. Which is describing your organization's capacity to implement the project.

Please include your organizational structure, particularly how you are public health emergency I preparedness staff will engage in the project activities. A description of any existing activities your health department has accomplished to meet the needs of people with disabilities in local emergency planning and response efforts. This can include anything that your jurisdiction may have done during COVID‑19 or past emergencies to engage people with disabilities.

Considerations for sustainability are important to include such as how this project will align with other funding streams, how it will build upon past work and support future goals, and how enhanced capability or new partnerships might be supported or leveraged beyond the funding period.

The final element of the narrative is: Partnerships. We want to make sure you are describing your local health departmentses' past and or current partnership was organizations that serve people with disabilities in your jurisdiction. Plane how these partnerships can be leveraged to identifying potential subject matter experts to participate as a disability champion. Highlight how such organizations can provide the perspective of the needs of community members with disabilities experienced during the COVID‑19 pandemic.

The next piece of the application is the budget and budget justification. You will find a budget template and instructions in the flow of requests for applications document. The budget won't be included in the scoring criteria but it is required for complete application submissions. And the purpose is really to demonstrate that the applicant has considered appropriate funding needed to accomplish the work it has proposed.

The budget narrative, which should be one page or less should be consistent with the goals activities proposed in the application. \*\* included in the request for funds are staff, salary and fringe benefits, phone, postage, accessibility accommodations and contractual fees.

If additional funds and or resources will be leveraged, please describe them. Funds cannot be used for the purchase or upkeep of office equipment as well as cannot be used to purchase food and or beverages. There is also a full list of items that are not allowed to be put in a budget within the request for application document.

The additional required documents are at least one letter of support from a disability partner organization.

Completion and submission of the vendor information form which is found in Appendix C.

Complete and submit the Certification of non‑debarment both link s in the RFA as well. And the W‑9 vendor form and certification form are needed for contract execution.

So, having applicants submit that with their full application helps us speed up the contract process for those applicants that are selected.

So the submission instructions are to include all of those required documents that I just reviewed to my email address which is slyons@naccho.org by October 13, 2020, 11:59 p.m. Eastern and please use subject line COVID‑19 and disability RFA so I make sure I have that highlighted to review.

And I believe that's all I have in regards to reviewing the RFA. There are a few questions in the Q & A box; so I am going to answer them now. But, feel free to continue to type in questions, as we have a lot of time, if needed.

The first question is: Is the grant ‑‑ a question about the dollar amount.

The grant is $83,000 total. Through the expected project completion of June 2022. So, when you are creating a budget, you would want to have the $83,000 for the entire about 18‑month budget year.

And hopefully I answered that question. Feel free to follow up, if needed.

The next question: Is there a required match needed by the local health department? No, there is no required match needed for this project.

The next question is: Around ‑‑ a question with regard to the scope of work. So, can I further explain the definition of "individualized" when there is a piece in the scope of work around develop individualized implementation plan s to meet the needs of the local health department.

So, individualized, meaning we are serving ‑‑ plan to serve ten local health departments. So, we will be providing implementation plan documents for health departments and their disability champion to fill out. So, we'll have different resources. Individualized, meaning surveying the health department and the grantee as a whole.

The next question: Are there examples of other projects that have been funded previously? In terms of Health and Disability projects outside of COVID‑19 ‑‑ I am not sure how specific you are looking for but we have provide funding to individual health departments on disability inclusion but not related to COVID‑19 at least in my tenure of this project. Jen Li may have information on past grantees we may have had.

But we have only had a project recently around disability inclusion and community health assessment and improvement planning so in regards to COVID‑19 and preparedness and disability inclusion, this is a pilot and has never ‑‑ has not had an opportunity to be in the field as of yet.

Sorry. I am trying to get through all of these questions.

>> ROBYN CREE: Do you want me too answer the overhead cost question?

>> SARA LYONS: I didn't realize you can see the Q & A as well. Yeah, if do you have a comment or a follow‑up for that, that would be great.

>> ROBYN CREE: Sure. So, yes, over head costs are allowed. If you have an indirect rate that has been approved, that information, I think would be really beneficial to include in your application.

If there are fringe expenses, usually if there is some sort of an explanation or formula as to how those costs are calculated, that would also be helpful.

Let me know if that didn't answer the question or if there are other types of overhead costs that you all are specifically thinking about.

>> SARA LYONS: Great. Thank you, Jen. Or if we aren't gotten specific enough to you in our responses you are welcome to email me and I can follow up with more information. The next question is regarding any information that we can share on final evaluation measures. We are still developing our evaluation plan for the project. I am going to just give a few highlighted measures and outcomes; a few performance measures to kind of give you an example of some of the things that we are looking for. So, one of our main budget period outcomes for this project is improving capability for communities to effectively address the needs of people with disabilities when planning for COVID‑19 as well as other national emergencies.

So, some of the information that we are looking for are the number of gaps implemented that are ‑‑ so, we are going to be doing a formal needs assessment with each grantee. So, through the needs assessment and then implementation plan, we'll be looking at what needs were addressed through the project. So that will be one type of performance measure; as well as some of the qualitative information on the barriers, facilitators and lessons learned by the champions; the number of people with disabilities that were reached by selected health departments. So, for example Robyn mentioned the opportunity to do listening sessions with the disability community. We would like information on the number, the type of those type of sessions; how many people with disabilities were included in those type of conversations. So, those are a few of the evaluation measures that I can say for now. We are still finalizing the evaluation plan; and everything will be shared with all of the grantees. We are also working at the state level with \*\* they will have grantees for this project as well. We will collaborate together on evaluation plans.

The next question is regarding the RFA language stating preference being given to the areas where COVID‑19 rate, with burden on the number of people with disabilities and COVID‑19 burden. So this is really to make sure that we're having ‑‑ we're meeting the needs of health departments and the people with disabilities row siding in those jurisdictions. So we do know that the COVID‑19 burden is ever moving and ever changing throughout the country and regionally. So, there are ‑‑ there could be areas where a jurisdiction has perhaps a higher positivity rate and is looking for more guidance or specifically has a higher rate of people with disabilities in their jurisdiction. It's not a requirement but we may be giving preference to those as it is showing more of a burden than perhaps other applicants.

Next is the noncertification requirement. That is in the application. There is a link to that document page three of the application instructions. There is an item that has links to the vendor form, the W‑9 and certification of non‑debarment on the same line, on page 3.

The next question about the types of disabilities that would be applicable. This is a really good question.

For those of you that may not be aware, there are six standard disability types that the census uses; as well as national data surveys like the Behavioral Risk Factor survey. We really would like all people with disabilities across the six standard definitions to be included in this project.

So, the more information in your statement of need that you can provide about the different types of people with disabilities, which are all available through the census information, the better. Because we do know that one person with a disability isn't every person with a disability. We want to make sure we are meeting the needs of people where they are at.

The next question is about the amount of type that a disability champion, FTE \*\* relates to the disability champion. Because you are anticipating it to be a year and a half project I know this will be dependent on some of the needs you have within your jurisdiction. But I would expect that it would be more of a part‑time position or not necessarily something that is full‑time because of the dollar amount and it being over a year and a half project.

But please feel free to put that in your budget; that best meets the needs of your jurisdiction. And we are always able to work and update things in the budget, if needed.

There is a question about any travel expected. We are just understanding the nature of travel for all of us. Both person and professional means are challenging at this time.

We are planning to have all of our meetings virtual for this project.

There could be local travel you are doing that you may want to be including in your budget. But in terms of any national travel that does not need to be included in the budget at this time.

I am just making sure I have everyone's questions.

The one question is can the disability champion be hired by a partner and work with the health department? Absolutely. Definitely that is a consideration; and the way NACCHO and CDC has seen that this would happen. So, subcontracting with a partner organization to serve as the disability champion role, working hand in hand with the health department would be a really great fit. Is this a reimbursable grant or will the award be received upfront. It is a reimbursable grant. I was going to pull up the contract information. We are going to disburse the forms according to the assigned scope of work and accepted deliverables.

In accordance with the number of deliverables met. We will reimburse based on those assigned, completed projects, throughout the grant.

Another question about travel. We currently don't have any dash basically if the disability champion selected working with the health department will be traveling with NACCHO: Right now that is not part of the project. We will be having a kind of wrap‑up meeting with all of the champions in CDC and our funder. But we do expect that to be a virtual type of meeting.

The last question I see: Yes, we are encouraging this health departments are hiring consultants or partners that have disabilities, as champions. We understand that you may not have ‑‑ if you are still forming those relationships with your partners and you may not have a specific person assigned or chosen as the champion, we are not expecting champions to ‑‑ the specific person to be on boarded and ready to go at contract execution in November.

We do have in the scope of work that we are expecting the selected awardees to be working with their partners to have a consultant on board; or sorry, a disability champion on board by the end of January 2021.

Yes, I can share the PowerPoint. We'll all have a pdf of the PowerPoint posted as well as the recording and the full transcript for the project. As well as these questions that have been answered. I am going to put them in an FAQ to post on our site as well. So, we will make sure that everyone has access to this.

The final question that I have is: Will NACCHO consider small rural counties which may not have the grant writing skills of larger departments? We are happy and excited to have jurisdiction of all sizes to participate in this type of grant. We do know that there are some really challenging areas for people with disabilities in rural counties and it would be great for us to see a wide mix of the types of awardees that we have, both rural, suburban and urban.

Okay. I believe that is all the questions that have ‑‑

>> Sara, I think there's one more in the Chat.

>> SARA LYONS: Sorry. I have been going back and forth between the two. Thank you for catching that.

This will be on NACCHO's website, on the page we have the announcement listed through our essential elements log. So we will be directing people to that link. I will be sending it to everyone that attended and registered for this. I can put the link that I will going to in the Chat box. Just one moment.

(Pause)

[See Screen]

>> SARA LYONS: So this link has the information and the full Request for Application and I will be replacing the webinar registration link with the recorded webinar and the full transcription of this presentation as well as the FAQs.

Okay. I don't think I see any other questions. I appreciate all of you that have joined today as well as Robyn from CDC and Jen Li at NACCHO for helping out with the questions. I am really excited to have this opportunity to support local health and disability inclusion; and please feel free to send any follow‑up questions to me. That email again is slyons@naccho.org. Thank you so much and I hope everyone has a great rest of the day.

(Disconnecting)

 \*\*\*

This text, document, or file is based on live transcription. Communication access realtime translation (CART), captioning and/or live transcription are provided in order to facilitate communication accessibility and may not be a totally verbatim record of the proceedings. This text, document, or file is not to be distributed or used in any way that may violate copyright law.