

Questions and Answers in response to the June 20th Conference Call for RFA for the 2011-12 Reducing Racial and Ethnic Health Disparities: Closing the Gap Grant Program and the subsequent email inquiries received through COB June 25, 2011.

Question 1: Is there a specific format for the Letter of Intent?

No there is not. Simply send an email to the address noted on the bottom of page 16.

Question 2: Is that the same address to send in the application?

No. The application must be Express Mailed/Hand Delivered to the address on page 17 or Sent via Regular Mail to the last address noted at the end of page 17.

Question 3: Can we use CTG grant funds to pay for tokens? Transportation is often a barrier to keeping medical appointments?

Yes. We will discuss specific accountability issues with the awardees.

Question 4: Do we have to work in more than one disease area?

The Closing the Gap Grant Program seeks to promote the improvement of minority health outcomes and the elimination of health disparities through the development of closely coordinated community-based and neighborhood-based projects including schools, partnerships with public and private entities and faith-based organizations, and the extensive use of community health workers all using and providing culturally and linguistically competent messaging and messengers. Program Purpose on page 4.

The 2011-12 grants will be awarded to closely coordinated and focused entities using 21st strategies designed to educate and inform hard to reach populations as to:

- *The importance of timely and appropriate preventive care including health screenings appropriate for age, family history, pre-existing and/or presenting problems across the full spectrum of one's life cycle.*

- *The importance of more healthy life-styles including nutritious foods and the ways to prepare them specific to age, overall health condition, family history, etc.*
- *Resources/access to consistent and ongoing exercise or other physical activity to ensure overall health and well-being including stress management across the life cycle.*
- *Specific education and information to promote prevention and proper maintenance and self-management of conditions such as Diabetes, Obesity, Heart disease, Prostate Cancer, etc.*
- *Provide realistic and age appropriate information and education on safe-sex practices/ making good decisions/choices, etc. to reduce the incidents of new HIV/AIDS cases and to longevity for those afflicted with the disease.*
- *Provide information and education across a broad spectrum of ages to promote healthy living –nutrition, exercise, sexual activity, etc–designed to reduce the incidents of infant mortality, low birth weight, etc prevalent in minority and underserved populations.*
- *Assist in promoting increased access to oral health and the necessary information and education designed to foster good dental/oral health practices across the life cycle for minority and underserved populations in the communities involved.*

From page 5 of the RFA

Question 5: On page 5 the RFA notes the use of 21st strategies. Are you going to provide a list of the strategies you want use to use?

The error is ours. The RFA should read 21st century strategies. The various evidence based interventions for each health disparity are considered 21st century strategies Please see RFA language on page 5.

Question 6: Can more than one person attend the mandatory conference?

Yes.

Question 7: The RFA states that \$2M is available and 4-5 awards will be made. Am I correct that we can write a grant for a half a million dollars? Am I correct that we won't be off base?

Yes.

Question 8: On page 9 the RFA states we cannot pay for direct services like mammograms. Is that right?

Yes.

Question 9: Can we do assessments?

Yes.

Question 10: The RFA notes the Program Requirements are listed on page 4. There are no program requirements on page 4.

The error is ours. The listing is on page 5.

Question 11: I thought we couldn't pay for direct services?

“Correct, per the RFA no funds can be spent on direct services but the provider must establish a written agreement with a healthcare provider so that participants can be seen at a reduced rate or no cost to the participant. However, this grant will not pay for direct services.

Question 12: Will you provide specifics relative to data collection?

Data collection issues will be discussed with the awardees.

Question 13: With regard to the order of the Application, page 9 suggests the Table of Contents should come first. Is that how you want it?

The error is ours. Page 9 should read Face Page/Cover Page, followed by the Table of Contents, etc. All pages should be numbered sequentially beginning with the Face Page.

Question 14: If there are graphs within the Narrative can they be double-

spaced?

*Type all materials one and one half spaced in size 12 Times Roman font, with 1" margins.
From page 15. in the RFA*

Question 15: Can the Letters of Support go in the Appendices?

Yes.

Question 16: Should the Budget pages be numbered as well?

Yes, it is available on our website.

Question 16: Can we get the RFA as a Word document?

Yes.

Question 17: Are you going to tell us which activities to do?

No. You know your community best. The Purpose of the CTG grants is on page 4.

Question 18: The RFA reads that education and reaching the community is the focus. In the past we provided direct screening services for diabetes and hypertension. Is that correct, Education is the focus?

Yes.

Question 19: Evaluator- Is pivotal to the entire program function and assessment. It states that funds may not be used for Evaluation only internal evaluation (by agency). All University evaluators we work with are not free of service which makes this more challenging. Can we pay for QI/QA services under the "Consultant" line item? Someone to review records/data survey and assist with data base and analysis?

The formative evaluation we anticipate is in keeping with good program management. It is anticipated that you will

monitor efficiency and efficacy and make adjustments if necessary/as needed. The CTG program will engage an overall program evaluator.

Question 20: We have partnered with a local FQHC over two counties at several access points. The FQHC has applied to open a new access point near the front porch community in Daytona Beach but the FQHC will not know if they have been approved until around August 1st. We would like to write the grant as if they are approved. Is that acceptable? We will write about their current access points and what we do as partners now, too.

Yes..

Question 21: Because transportation is a key factor in no shows/cancelled appointments for these high risk populations, can we purchase bus passes/other transportation - taxi/gas cards with supply or contractual services budget line items?

See answer to Question 3 above. The specifics regarding accountability will be discussed with the awardees where applicable.

Question 22: We have previously focused on maternal and infant mortality with Closing the Gap. Are we supposed to focus on more than one area with this new grant? If so is there a limit of focus areas or should we touch on as many of the 7 priorities as possible?

Please see the Purpose of the Program on page 4 and the 7 bulleted points on page 5.

Question 23: We normally contract with an evaluator and we have contracted with the Front Porch staff in the past. Are both of these practices acceptable?

Please see the response give to Question 19 above.

Question 24: The Nutrition and Chronic Disease Prevention (Duval County Health Department) is planning to put forward a proposal for the CTG Grant. After reading the grant announcement, we are planning to focus on **Oral Health** as one of our focus areas. Duval County's data in particular health zones depicts the need for this program and it would be really beneficial for the community's health. As listed in the Grant Announcement we cannot use the grant funds to provide direct services although we can increase access,

provide education etc. I would appreciate if you please let me know if it would be appropriate to make one of our objectives as: providing/applying sealants (to arrest dental caries especially in young children after doing a regular dental checkup) as this is inclined more towards prevention as opposed to treating dental decay or any other clinical procedure which is considered as direct service. The other objectives will definitely be increasing access to knowledge.

Please see the Program Purpose on page 4 and the 7 bullets on page 5.

Question 25. If you are in two Front Porch Communities, is the 20% per Front Porch Community or collectively?

Up to 20% of the total funding of the 2 million can be set aside for the Front Porch Communities. Per Section 381.7354(3), F.S.: up to 20% of the funding for the Reducing Racial and Ethnic Health Disparities: Closing the Gap grant program shall be dedicated to projects that address improving racial and ethnic health status within specific Front Porch Florida Communities, as designated pursuant to s. 20.18(6).