

NWX-CHRONIC DISEASE CONTROL & PREVENTION

Moderator: Suzy Brock
March 31, 2021
2:30 pm CT

Coordinator: ...and thank you very much for standing by. All participants will be in a listen-only mode until the question-and-answer session. During that time if you'd like to ask a question, please press star 1. I'd like to inform all parties that today's call will be recorded. If you have any objections you may disconnect at this time. At this time, I'd like to turn the call over to your host, Ms. Stacy De Jesus. Thank you. And you may begin whenever you are ready.

Stacy De Jesus: Thank you (Becca). Hello and we are glad that you can join us today. Welcome to the conference call to discuss a new Funding Opportunity Announcement titled Community Health Workers for COVID Response and Resilient Communities. I am Stacy De Jesus from the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention. And I will serve as the Moderator for this call.

Thank you for taking the time to be on the call today. I'm going to start by reviewing the agenda and telling you the people that you will be hearing from today.

You will first hear from Dr. Karen Hacker, the Director of the National Center for Chronic Disease Prevention and Health Promotion at CDC. She will give an overview of the Notice of Funding Opportunity or NOFO, the NOFO strategies and outcomes, and review eligibility criteria.

Then, Rhonda Latimer from the Office of Grant Services will provide information on the application requirements.

I will then provide an overview of how to access the email box and web site for additional information.

We will then open it up for questions. All callers are currently muted by the Operator. So when it's time for questions please press star 1 and provide your name and where you're calling from and the Operator will get you in the queue to ask your question or you can submit your question in the chat box.

And we will wait until the speakers have finished to start answering any questions in the chat box. We will answer as many questions today as possible and all questions and responses will be posted on our web site.

So, I'd like to, at this time, turn it over to Dr. Hacker to provide an overview of the NOFO. Dr. Hacker.

Karen Hacker: Hi. This is Dr. Karen Hacker. I'm the Director of the National Center for Chronic Disease Prevention and Health Promotion at the CDC. Welcome to the informational call to discuss a new funding opportunity. This is CDC-RFA-DP21-2109 or Community Health Workers for COVID Response and Resilient Communities.

I'm going to provide an overview of the Notice of Funding Opportunity or NOFO. I'm going to describe the purpose and the target population and review key aspects of what is expected of applicants.

Please note that these are highlights and all requirements are stated in the published NOFO, which is, as I said, CDC-RFA-DP21-2109. And it can be accessed at [grants.gov](https://www.grants.gov).

So first, the purpose of this NOFO is to address disparities and access to COVID-19 related services. For example, testing, contact tracing, immunization services. And also to address health outcomes and factors that increase the risk of severe COVID-19 illness such as chronic diseases, smoking, pregnancy as well as poor outcomes such as health and mental health access, access to healthy food, health insurance, et cetera. These have all been exacerbated by COVID-19 and by scaling up and sustaining a nationwide program of Community Health Workers who will support COVID-19 response and prevention in populations at high risk and communities hit hardest by COVID-19.

The target population to be reached through this NOFO are populations with increased risk for or prevalence of COVID-19 or who are at increased risk for poor health outcomes from COVID-19 because they are disproportionately impacted by long-standing health disparities.

This three year grant will support the integration of Community Health Workers into organizations and Care Teams and strengthen relevant CHW knowledge, roles, and skills to prepare them to successfully engage with existing state and/or local public health led actions to manage COVID-19 among priority populations.

Our expected outcomes include increased skills, capacity, and roles of Community Health Workers within communities, an increased workforce of Community Health Workers delivering services, and an increased utilization of community and clinical resources among priority populations.

Next, we will address the expectations related to organizational capacity of applicants. It is critical that you review and respond to all the requested information in the NOFO. Applicants must assess their organization's experience and determine whether they are eligible to apply for Component A or capacity building, Component B which is implementation ready. All applicants must meet core requirements including readiness and ability to begin implementation and data collection within one month of award and must clearly state the component they are applying for in the project as checked.

Applicants for Component A must have at least one year of experience in implementing a Community Health Worker Program in their catchment area. The experiences of this program may have been limited in scope. That is, focusing on a single or a few disease concerns providing advice and/or guidance to direct community members to appropriate clinical services.

Applicants for Component B must have at least three years of experience in implementing a Community Health Worker Program in their catchment area, which must have broad - which must have been broad in scope and provided appropriate education and assistance to community members from CHWs for a wide variety of concerns including health and social services.

Only Component B applicants may also apply for Component C. Component C focuses on policy, systems, and environmental changes. It's innovative and will train, deploy, and engage Community Health Workers to further address

health disparities and social inequities, which are exacerbated by COVID-19 within the catchment area identified in the recipient's Component B application.

Collaboration with programs and partners will be and is a critical component to this effort. It is required. We will now discuss strategies and evaluation.

There are three high level strategies for applicants in this NOFO. First, train Community Health Workers; second, deploy Community Health Workers to support the COVID-19 response; and three, engage Community Health Workers to strengthen community resilience.

During the project period, the recipient will implement activities to support the strategies outlined in this announcement to train, deploy, and engage Community Health Workers to address COVID-19 and mitigate the impact of COVID-19 by improving the overall health of priority populations. The strategies and activities should lead to the outcomes depicted in the logic model.

During each reporting period, which is every six months, the recipient is expected to show progress on the short-term outcomes shown in the logic model. Applicants must provide an overview evaluation as described in the NOFO. And after the award, the recipient must provide a more detailed plan within the first year of funding.

Applicants are not required to develop a logic model for this NOFO. Successful recipients must agree to work with organizations funded through the companion NOFO DP21-2110 to support the work of this NOFO on training, technical assistance, and evaluation.

Now we will discuss the eligibility criteria and available funding. The entities that are eligible to apply for this NOFO are listed in the announcement. Eligibility is limited to states, localities, territories, tribes, urban Indian health organizations or health service providers to tribes. The NOFO will support tribal entities serving tribal populations at risk and therefore we will fund a minimum of three tribal applicants serving federally recognized tribes in Components A, B, and/or C.

For nontribal applicants we will fund at least one application in each of the ten HHS regions with a maximum of three awards per state. If a state applies and identifies a particular county or counties as their catchment area, they must submit a letter from appropriate county level government confirming the county's agreement with the application.

A locality may apply separately or may join with other localities meeting COVID-19 and poverty requirements and submit an application for a single award identifying several catchment areas as a consortium with one eligible entity taking responsibility for all financial and reporting requirements.

Depending upon availability of funds the ceiling amount may be up to \$5 million per year. And there are no cost sharing or matching requirements with this NOFO.

Now I will turn it over to Rhonda Latimer from CDC's Office of Grant Services. And she will provide information on the application requirements. Rhonda.

Rhonda Latimer: Thank you Dr. Hacker. Since this NOFO has three components, the average award will vary from \$600,000 to \$2 million subject to availability of funding including direct and indirect cost. Throughout the project period, CDC will

continue to award based on the availability of funds, the evidence of satisfactory progress by the recipients as documented and required reports and the determination that continued funding is in the best interest of the federal government.

The total number of years for the - for which the federal support has been approved, also known as the project period, is listed in the Notice of Award which is three years. This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent noncompetitive continuation award or awards.

Applicants may apply for Component A only or Component B only but not both. If an applicant applies for both Component A and Component B, CDC will determine the application to be nonresponsive and it will not receive further review.

Only the applicants of Component B may also apply for Component C. Applicants must state the component or components they are applying for in the project abstract.

Applicants must submit an itemized budget narrative which may be considered as part of the organizational capacity of awardees to execute the approach. When developing the budget narrative applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the projective narrative. The budget must include salaries, fringe benefits, consultant cost, equipment, supplies, travel, other categories, contractual costs, total direct costs, and indirect costs.

For guidance on completing a detailed budget see the Budget Preparation Guidelines. A link to the guideline is in the current slide.

Budget period or budget year is the duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

And now I will turn it back over to Stacy for reminders and to address any questions you might have.

Stacy De Jesus: Thank you Rhonda. I have just a few reminders before we open it up for questions. And, at that time, we'll also start addressing the questions in the chat box. But for the reminders, the NOFO was posted March 25, 2021. And will remain open for 60 days. The application due date is May 24, 2021.

All applications meeting the requirements as listed in the NOFO will be accepted for review.

Applicants must clearly state the component for which they are applying in the project abstract. This will be Component A only, Component B only, or Components B and C. The project period is three years.

Questions and responses from this call as well as those received at our email box of nccdphp_chw@cdc.gov prior to May 7th will be posted at our NOFO web site, which is listed in the NOFO and also listed on this slide.

If you think any additional questions - if you think of any additional questions please send to the email inbox and we will post a response to the web site in about three days, three business days.

So now we'd like to open the call for your questions. The purpose of these questions is to provide clarification, clarification on aspects of the NOFO but not to provide individualized assistance. You may ask a question over the phone or in the chat box. The Operator will provide instructions about how to ask a question.

So (Becca) can you please open up the phone line?

Coordinator: Yes. At this time, if you'd like to ask a question, please press star 1 and clearly record your first and last name as well as your company name. So that is star 1 if you have a question. One moment please, to see if we have any questions.

Stacy De Jesus: Okay. And I think while some folks are getting ready, queuing up the phone line, I'm going to go ahead and start going through the chat box and see if there were any questions. Regarding the slides, we just kept the slides very minimal and these will be available on the web site.

One question is, is there a logic model? And I believe another participant had already answered that question that the logic model is included in the NOFO but you are not required to provide an additional logic model for that.

I'm trying to - okay. So the next question, are tribal CHR Programs considered CHWs?

And I'm going to go ahead and answer this question because we are using the APHA definition of a Community Health Worker for the purposes of this NOFO.

And so in the NOFO this definition is listed on Page 63 in the glossary, the APHA definition of Community Health Worker.

Okay so the next question is did they mention a project start date? We did not mention that. But the project start date is August 31st of this year.

So I'm going to pause there to see if (Becca) had any questions ready, queued up on the line.

Coordinator: There are currently no questions in queue. As a reminder...

Stacy De Jesus: Okay.

Coordinator: ...if you would like to ask a question, please press star 1 and clearly record your first and last name and your company name, star 1. Thank you.

Stacy De Jesus: Okay. Okay, so I'm just going to keep going down the chat if I can advance. Sorry, my computer is not advancing.

So one - the next question that I see is what was the accompanying NOFO that was mentioned? That NOFO is DP21-2110.

But I'm going to ask (Rebekah) if you have that full name of the NOFO handy or any of our other presenters has the full name ready. But this is the Technical Assistance and Evaluation NOFO.

(Cathleen): Stacy the name is very similar to the name for DP21-2109. This is DP21-2110 Community Health Workers for COVID Response and Resilient Communities Evaluation, Technical Assistance, and Training. So, there's an acronym of ETA associated with that one. That's also...

Stacy De Jesus: Thank you.

(Cathleen): ...found on grants.gov.

Stacy De Jesus: Thank you (Cathleen). Stay close by. So, the next question is to please clarify that nonprofit organizations are not eligible to apply, so (Cathleen) maybe if you want to review the eligibility criteria.

(Cathleen): Certainly. This is a NOFO that has been - we are happy to announce, has been funded by Congress through the CARES Act, the Corona Aid Relief and Economic Security Act of 2020.

There's allocated funds to CDC for states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes.

And one of the things that I believe Dr. Hacker mentioned when she was discussing this NOFO is that collaboration is a critical part. So, we urge you to collaborate with partners and work with those partners to reach the goals of this NOFO.

Stacy De Jesus: Thank you. Okay. So, the next question that we have in the chat that a - can a consortium apply where multiple agencies serving a community could provide CHW services as a team with support from a lead applicant to offer training, TA, and evaluation?

And I...

(Cathleen): I think one of - sorry, I'll...

Stacy De Jesus: Well please go ahead. No, go ahead (Cathleen).

(Cathleen): One of the things that I want to see if I can straighten just a tad is that there are two NOFOs. There's a call on Monday, April 5th for more information about the NOFO that focuses on evaluation, training, and technical assistance. This NOFO is about implementing activities to address Community Health Worker support for COVID-19 within communities.

(Connie Moore): Hi. I was wondering if a county that does not have its own local health department or Community Health Program is a good fit to apply or if you're a local health department with a Community Health Worker Program but you don't cover a full county area if you're eligible, and if not, could you partner with others to make sure that you're addressing the entire county?

Sorry that was like a two-part question.

Stacy De Jesus: That's okay. (Cathleen), do you want to answer that one?

(Cathleen): Yes. When you look at what needs to be done and you look at what it's going to take to do all this, we don't expect, for instance, that a state would cover the entire state with the NOFO funds that we are allocating through this effort. We expect that there will be smaller units within a state or within a county who are interested in addressing the needs of those at high risk.

So, what you're proposing would make sense given the constraints of this NOFO.

(Connie Moore): Okay. So, you don't have to cover the entire county to apply.

(Cathleen): You don't have to cover the entire county. What we are asking that you do is that you focus your efforts into those high-risk populations that are most in need of these services.

And one of the things that you will need to do when you submit your application is describe what's the population at risk, how did you come to that agreement, these are the ones that are most impacted by long-standing health disparities, how are you going to address the problems here.

(Connie Moore): Okay. And if your county doesn't have a local health department or a Community Health Worker Program are you still a good fit to apply or should you be looking to work with other counties who already have those in place?

(Cathleen): I think that's probably a case-by-case basis response. And I think working within your county is absolutely necessary for the county government sake. Combining with other counties is also a wise way to go but you need to be aware that if you're going to apply from your county you need to have your county involved in what you're doing.

(Connie Moore): Okay. Thank you for your help.

(Cathleen): Sure.

Stacy De Jesus: Thank you. I'm going to go back to the chat. The next question that I see in the chat is can tribal territory serve as the catchment area? And if not, does an applicant serving a Native American Tribe, which has disproportionate burden of COVID-19 infection or mortality rate, qualify to apply even if the county wherein the tribe is located does not have a disproportionate burden of COVID-19 infection mortality rates?

I'm going to pass that back to (Cathleen) again.

(Cathleen): Okay. All right, can you repeat the question, so I get it clear Stacy?

Stacy De Jesus: Sure. So, the first question, let's answer that, is can - and that might solve it. Can tribal territory serve as the catchment area?

(Cathleen): Yes.

Stacy De Jesus: Yes. Because then it - and I think that probably answers. And (Lisa) please let us know if it doesn't. Because she was asking really if a tribal territory cannot serve as the catchment area but the tribal area within a county, that the county does not have the disproportionate burden of COVID-19 but the tribal area does. But since the tribal territory can serve for their catchment area then I think question number two is not really applicable.

(Cathleen): Right, and...

Stacy De Jesus: And I'm going to move onto the next one. But (Lisa) if I'm incorrect and that needs more clarification please let us know.

Okay the next question is, is this funding strictly for CHW role or any roles that build and strengthen community resilience to fight COVID-19?

And I'm going to pass this question. I believe I'm going to pass this to you, (Rebekah) because I think this is kind of in line with some of the strategies, and then (Nikki) as well in terms of target populations.

(Rebekah): Yes. So actually (Cathleen) may be a better fit to answer this. The overarching outcomes are related to strengthening response and resilient -

COVID response and resilient communities with a focus on Community Health Workers.

So I would venture to say that in regard to the question regarding whether the funding is strictly for Community Health Workers role or any roles that build and strengthen community resilience, once you take a look at the NOFO and as Stacy mentioned, look at the actual strategies and expectations regarding the activities that should be implemented by the individuals who are going to be involved in the COVID response and then working towards resilient communities, that should help you determine whether or not the profile of the individual or the role you're thinking about fits that Community Health Worker description.

And I'll see if (Cathleen) has anything to add to that.

(Cathleen): No. That makes perfect sense to me. The one thing I would add is the importance of the collaborative effort so that you are reaching out beyond Community Health Workers to build that resilient community.

Stacy De Jesus: Thank you. Okay, the next question we have from Molly McGovern with Partners In Health. Can you define locality per the eligibility requirements? How is county defined? Can a department apply on behalf of a county?

And I am going to see if Rhonda you might, with OGS, might be in the best position to define this or I'm going to push it back to you (Cathleen).

Rhonda Latimer: So, my understanding is the definition of locality could apply to townships. And correct me if I'm wrong on this, (Cathleen). But if that is the case, then they would need to work with their local county to make sure that they are on point and that they have the permission of the county to work in that area.

(Cathleen) can you...

(Cathleen): Yes, absolutely.

Rhonda Latimer: ...further define that.

(Cathleen): Yes. That's confirmed.

Stacy De Jesus: Yes. And I would just add that, you know, a county health department can apply, and a county can apply. Again, we want to encourage collaboration where it's feasible as well.

Okay. Let's see. (Becca) are there any more questions on the line?

Coordinator: There are currently no questions in queue.

Stacy De Jesus: Okay. So, I'm going to go onto the next question from (Susan Combs). May a county entity propose a regional approach that includes more than one county but with one county as the applicant?

(Cathleen) I'm going to ask you. You have such a great way of summarizing all of these. If you want to make sure it's very clear.

(Cathleen): Yes. A county may apply and be part of a regional approach that includes more than one county. The county that applies needs to recognize they're taking on the fiscal and the reporting responsibilities for this group. This regional approach falls to them.

Stacy De Jesus: Thank you. The next question is from (Michelle Lottie). Is there a requirement for a local evaluation for each awarded project or only projects that must work with the funded national evaluation?

And I'm going to turn this over to (Rebekah) to answer that question.

(Rebecca): Thank you Stacy. Yes. So for this NOFO in collaboration with CDC and the identified successful applicant under DP21-2110 the Evaluation and Technical Assistance partners will work individually and collectively with recipients for this NOFO to track the implementation of strategies and activities and assess progress in achieving NOFO outcomes.

Both process and outcome evaluation questions will be proposed. This information is provided in the NOFO on Pages 15, 16, and 17.

CDC and the Evaluation and Technical Assistance partners, again, will be working individually with recipients funded under this NOFO to address evaluation and performance measure outcomes as well as collectively or per our multiple recipients under this NOFO for a matching evaluation perspective.

Stacy De Jesus: Thank you (Rebekah). So, the next question, it kind of goes back to the - an earlier one. But will awards to tribal entities be counted as part of the maximum of three awards per state?

I'll go ahead and answer that one. The answer is no. Tribal is a separate minimum three awards and will be - so it will not impact. It will not be counted as one of the three awards per state.

We have a next question here from (Jemma). Are peer specialists or other peer support workers, recovery peers, family peers, youth peers, etcetera, considered CHWs by the CDC?

Again, I will answer this one, this question. We are using the - in the NOFO we specify that CDC is using the APHA definition of Community Health Workers. And this definition is listed on Page 63 of the NOFO. So, I would review that definition and see if you feel that group falls in it for your application.

Next question is can a statewide or region wide nonprofit or university be the lead applicant? I'm going to pass that to (Cathleen) to answer that question.

(Cathleen): Thanks Stacy. We come back to the original language that Congress gave us. And the eligible entities don't include nonprofits or universities. We would encourage those statewide, regional, nonprofit or universities to collaborate and to work with their governmental partners in applying for this NOFO. But no, they cannot be the eligible entity applying.

Stacy De Jesus: Thank you. The next question we have is will training curriculum for CHWs be provided by 2110 awardees?

I'm going to - the - I'm going to go ahead and answer that question. There will be - the 2110 awardees will not be providing a specific training curriculum for CHWs. However, they will be offering technical assistance and guidance and potentially additional training but not all of the training that your Community Health Workers might need as part of one of your strategies.

And so you would be incorporating Community Health Worker specific training in your strategy and when you choose one - when you're working

through one of your - the three strategies of train, deploy, or engage
Community Health Workers.

Let's see. The next question and I'm just going down straight in the line in
the chat. Hopefully I'm not going to miss anything.

Does a state - so this is from Maine, Department of Health, does the state need
to limit the location to a specific community or can this be a statewide grant
covering a broader area if we are a rural state?

(Cathleen) I'll let you answer that one.

(Cathleen): This is a (Nikki) question, has to do with the target population.

Stacy De Jesus: Oh I'm sorry. (Nikki).

(Cathleen): Okay.

(Nikki): (Nikki) is coming. (Nikki) has several unmute buttons to push. Good evening
everyone. Yes. You can apply. I do want to encourage you though to read
through the Collaboration Section very carefully and do make sure that the
appropriate parties across the state are engaged with you as you are planning
your work plan and the strategy that you will use, you implement moving
forward.

Stacy De Jesus: Okay thank you. Okay. I think we're getting - I'm just paying close attention
to the time. I'm going to do - check with (Becca) if there's any more
questions on the line.

Coordinator: We have one currently from (Brandy Velkamore) with Department of Health.
Your line is now open.

(Brandy Velkamore): Thank you very much. I have two questions. One is can the Community Health Workers provide direct service as a part of this grant?

And then the second question is about the connection to DP21-2110. And I just want to confirm. Do you plan to do matchmaking between those who are applying for that grant and those who are awarded this grant?

Stacy De Jesus: Thank you. So I'm going to pass it to (Rebekah) for the first question about Community Health Workers providing direct services.

(Rebekah): Hi. Yes. To the degree - to the extent regarding testing and contact tracing, etcetera, a level of direct services can be provided by Community Health Workers. The key role will really come into play in terms of the collaboration for the organizations with which you intend to partner. The goal is not to have all of the direct services be paid for through this NOFO but to amplify or to leverage resources that are in existence in your communities regarding these efforts.

So while direct services can be provided by Community Health Workers you want to limit their payment through this NOFO.

(Brandy Velkamore): Thank you.

Stacy De Jesus: Did that answer your question?

(Brandy Velkamore): It does. Thank you...

Stacy De Jesus: Okay.

(Brandy Velkamore): ...very much, and then my second...

Stacy De Jesus: And...

(Brandy Velkamore): ...one is about matchmaking.

Stacy De Jesus: Yes. Can you clarify what you mean by matchmaking just so we're clear, that we understand the question?

(Brandy Velkamore): Yes. Thank you. So, I'm not sure I really understand 21-2110. It sounds like it's a separate NOFO that is about technical assistance and evaluation for this NOFO.

So are - I'm just trying to understand more about the relationship between the two NOFOs I guess. I'm not sure I'm clear on that.

Stacy De Jesus: Okay. Well I will take a stab at answering. That these are two - they are related NOFOs that are connected.

And while I'm speaking, I'm also going to ask some of my colleagues that have been more involved with 2110 to step in and correct me if I'm wrong.

But these are two distinct different NOFOs. The 2109 is what we're talking about today and focuses on the strategies with Community Health Workers to train, deploy, and engage. And then the 2110 is really about providing technical assistance and evaluation support to 2109 recipients.

So there won't be matchmaking. They have completely - they have separate outcomes. But the 2110 recipients will be providing technical assistance and training and evaluation support to 2109 recipients. So they will be working closely together. And we'll have to be communicating and working on performance measures and reporting other types of training and technical assistance that becomes identified.

(Brandy Velkamore): That helps a lot. Thank you very much.

Stacy De Jesus: Okay, (Rebekah), or anyone else to add to that.

(Cathleen): I would just encourage people to call into the 2110 information call for more specific information on 2110. And that's on Monday.

Stacy De Jesus: Yes, thank you. And that informational call is at 2:30 pm and is on the web site. And that information is also located in their NOFO. Okay.

(Brandy Velkamore): Thank you very much.

Stacy De Jesus: So thank you. I'm making sure I am not missing a question. Okay, so the next question I have in the chat room is from (Candace).

If a county works with a health system as a partner, and the health system is the organization with the Community Health Worker Program, would they be eligible?

(Cathleen).

(Cathleen): The county is the eligible entity, if I'm understanding the question correctly.

Stacy De Jesus: Yes. That's how I understand the question as well. And then there would be an opportunity for collaboration.

(Cathleen): Yes.

Stacy De Jesus: Okay. The next question I have is about the definition of a Community Health Worker. Again, that is the APHA definition that you will find in the glossary of the NOFO.

Okay, so we have another question around eligibility with academic institutions. Can an academic institute, for example, the CHW Development Institute, apply in partnership with the clinical FQHC Network or are academic institutions not eligible?

(Cathleen).

(Cathleen): Sure. Academic institutions and the FQHC Network are a part of what could be bundled from one of the eligible institutions as we are trying to follow the congressional language.

And those are laid out in the NOFO, states, territories, localities, tribes, tribal organizations, urban Indian health organizations or health service providers to tribes. Those are the eligible organizations who could submit an application. They would need to work with others but the submitting organization needs to be one of that list.

Stacy De Jesus: Okay. Thank you. There's another question but I think the answer that you just provided will answer that question again, about partnering with others.

Okay, let's see. Okay. So I have a question related to the three grants set aside for tribes. Do urban Indian organizations serving members of federally recognized tribes in urban areas qualify? And the answer is yes.

(Cathleen): Yes. That was...

Stacy De Jesus: Yes.

(Cathleen): ...an easy one.

Stacy De Jesus: Yes. All right, okay. The next question, are FQHCs eligible for this funding?

And I guess the answer for that would depend if it's a government entity or they would partner with the county or other government entity that would be eligible to apply for this.

(Cathleen): Yes.

Stacy De Jesus: Okay. Okay. (Rebekah) this question is going to be for you. It's asking to please clarify IR2 and let me know. And I'll give - I'm going to let you - I'm going to pass over to the next question just to give you an opportunity, (Rebekah), to just make sure that you have that information in front of you.

(Rebekah): I do.

Stacy De Jesus: Let's see. Okay, all right.

(Rebekah): Yes.

Stacy De Jesus: (Rebekah) go ahead.

(Rebekah): Sure. So just a clarification, there are two strategy tables within the NOFO. One is labeled Capacity Building. That table starts on Page 18 and runs through Page 19, the top of Page 21. I'm sorry, top of Page 21. And then there's an Implementation Ready Table and that starts on Page 21 and runs through Page 24, the top of Page 24.

So the person is - the individual was asking about IR2. For the Implementation Ready Table that starts on 21 for any applicant on their Component B, Implementation Ready, you are required to address four strategies that are indicated in bold font in that table. And you must also select two additional strategies from any of the other two areas, train and deploy, in the menu of strategies targeting implementation ready efforts within this table.

So again, you're required to address the four strategies indicated in bold and two additional strategies. The specific strategy you're asking about reads, ensure appropriate training opportunities to disseminate messaging for CHWs focused on reaching those with underlying conditions and/or environment that increase the risk and severity of COVID-19 infections among priority populations in order to strengthen infrastructure critical to identification of infection, appropriate follow-up including contact tracing and treatment among priority populations within communities.

So, if you look at the performance measure and the outcome, the anticipated outcome, the outcome is increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations within communities.

So essentially what the strategy is requiring you to do is to address the need of individuals within specific catchment areas that are stated in your application that have been reached by critical messaging that's determined by relevant public health led entities regarding identification, appropriate follow-up including contact tracing and treatment and even vaccination.

So again, what you're looking for is increasing the opportunities within a given catchment area in which these services are reaching the population in need.

Stacy De Jesus: Thank you (Rebekah). Okay. All right, so the next question that I see is what type of assistance is available since direct assistance isn't available?

And I just want to reiterate that there's really two types of assistance, direct assistance and financial assistance.

And so, this NOFO is providing financial assistance. And then the recipients of 2109 will also be receiving technical assistance and evaluation and training from the recipients of 2110.

All right, Dr. Colette Barrow had called in, so I believe her question has been answered.

The next question we have from (Kate Stewart), can the budget pay for CHW salaries? And if so, is a sustainability plan required?

And the answer is yes that the budget can pay for CHW salaries. A sustainability plan is not required but sustainability is a goal and we would encourage all recipients to be thinking about how to make that more sustainable. But a specific sustainability plan is not required.

Let's see. Are nonprofit organizations who run CHW Programs eligible or would the local municipality have to apply and contract with local organizations?

This, I think we covered this quite a bit in terms of who the eligible organizations are. And we can list those again.

But if you're not one of the eligible organizations then you would need to collaborate and work with the eligible entity for the application.

(Cathleen) I don't know if there's anything more that you want to add to that.

(Cathleen): No. No. That's it.

Stacy De Jesus: Okay. Right, so yes, okay. Sorry. How are we - so this is the next question, how are we supposed to tie in our application to this NOFO with the companion NOFO 2110?

These are completely separate applications. There are some aspects of the NOFO where it talks about having to work with the recipients of 2110.

But otherwise they're just completely separate applications. And that you would have to follow the criteria for 2109 for the 2109 application. And you would have to follow the criteria for 2110 for the 2110 application.

Let's see, all right.

(Rebekah): Stacy if I may add...

Stacy De Jesus: Yes.

(Rebekah): ...to that. The concern around technical assistance and evaluation and how that ties into 2109, one of the things to keep in mind, as Stacy mentioned, the requirements for this NOFO are specific and explicit to this NOFO. So, there's a requirement to select specific strategies.

And those accompanying strategies have expected outcomes. You'll see in the Performance Measurement and Evaluation Section that starts on Page 15 of the NOFO, you are required to also submit an Evaluation Plan. And that Evaluation Plan ties into the performance measures and strategies that you will be implementing and the data that you will be tracking in terms of performance measures. You'll also be required to submit a data management plan, a full work plan for the first year and then additional information regarding subsequent years.

So, pay close attention to all of the requirements for this NOFO and you'll be fine.

Stacy De Jesus: Thank you. All right, so let's see. We've got about seven minutes left. Again, we're going to try to get through as many questions as we can. And all questions and answers will be listed on the web site.

Let me check in with (Becca) if we have any calls, anyone on the line waiting for a call?

Coordinator: (Brandy Velkamore) has a second question. She's from the Department of Health. (Brandy) your line is now open.

(Brandy Velkamore): Actually, my question was just answered. Thank you. It was about are we required to submit an Evaluation Plan even with knowing that 2110 is in play as well. And the question was just answered that yes, we are required to submit an Evaluation Plan. So, thank you for that.

(Rebekah): Yes. That's correct. You are required. The tie in with 21-2110 is that you will be receiving when requested and from a general perspective both individually and collectively any technical assistance regarding your Evaluation Plan or implementing activities that will help you be well-positioned to be responsive to the performance measures.

So, you are still required to evaluate, develop an Evaluation Plan for 2109, this NOFO. But you have the opportunity to receive technical assistance from the Evaluation and Technical Assistance partners that will be funded under that 21-2110 NOFO to assist you in that.

(Brandy Velkamore): Thank you very much.

Stacy De Jesus: Great. Thank you. Thank you. Thanks (Rebekah). All right, so the next question, how are tribes who are applying to serve the community members on their reservation, which is never an entire county, metropolitan statistical area or areas, or a group of contiguous counties? Most tribes do not provide services for individuals who are not their community members. This must be addressed ASAP in order for tribal applicants to meet the funding strategy requirements.

I'm going to pass this over to (Cathleen) for a response.

(Cathleen): Sure. For tribes and tribal organizations, the catchment area includes the tribes in their IHS Admin area. For instance, for an Urban Indian Health

Institute a catchment area would include the urban Indian organizations listed on the IHS web site.

When presenting the COVID poverty data, tribal areas are included in county level data on CDC COVID Data Tracker. IHS Admin areas are designed by zip codes. And they generally align with county jurisdictions.

County level data can be used to show approximate COVID and poverty burden in a tribe catchment area. While county level data isn't stratified by tribal populations on the CDC COVID Data Tracker, tribal applicants can clearly state this data is presented to approximate COVID and poverty burden. But the tribal applicant needs to - intends to only serve tribal members within the counties for which the data has been presented.

Stacy De Jesus: Thank you. Sorry. I realized I missed a question before that so let me go back up a little bit. This question is from (Theresa). Oh, I'm sorry. I did answer that question. Sorry, I apologize everyone.

The next question is, are state universities eligible to be the lead applicant?

I think we have addressed this question in terms of the eligibility. Again, please review the eligibility criteria. And if your entity is not one of those then we would encourage collaboration with an applicant that would be eligible to apply so we strongly encourage collaboration.

Let's see. Okay, so the next question I have from (Kate Stewart) is when justifying the CHW experience within our catchment area can we include CHW experience of multiple partners or does it all have to be experience of the applicant?

I'm going to pass this to (Nikki).

(Nikki): Hi. So you want to - I do want to make sure that you are referring to Page 10 in the Collaboration Section of the NOFO.

And I would encourage you to talk about your experience, your networks with those partners and what each of those partners will bring to the table sort of speak for the work that you're trying to do.

And so as important as it is to talk about your own capacity, it's also important to talk about who you will partner with and what they bring to the table. And I hope that makes sense.

Stacy De Jesus: Okay thank you. (Kate) if you need more clarification on that please let us know.

All right, so the next question is regarding requirements on Page 31 that says if a state applies and identifies a particular county or counties as their catchment area they must submit a letter from appropriate county level government confirming the county's agreement with the application. A locality joining with other localities for the application must submit a letter from appropriate county level government confirming the county's agreement with the application.

So the question is what about tribes? Has an entity proposing to serve an area that includes a tribal nation or reservation must be required to include a letter or resolution from each and every tribe in their proposed service area or be required to specifically exclude each and every tribe?

(Cathleen) I'm going to ask you to address this question please.

(Cathleen): Sure. I think what we've been saying all along is the collaboration is an important part of this NOFO. And we know that tribes are speaking with their government partners in the geographic areas in which they both reside.

So getting the government agencies and the tribes to talk about this NOFO when you're putting in an application for this and then presenting the requirements of the NOFO so that if a tribe is going to be applying they need to be working with their partners and if the county is going to be applying they need to be working with their tribal partners.

Stacy De Jesus: Okay thank you. So, we are right at time at 4:30. And I know there are still a lot of questions in the chat. But we do want to be respectful of the time. I'm going to ask (Becca), the Operator, if there's any questions on the phone.

Coordinator: There are. We do have a question from (Katherine Johnson). Your line is now open.

(Katherine Johnson): Hi. I'm looking at the NOFO and specifically where you're talking about justifying the number of COVID cases. You link to a map. Could you speak a little bit about are you needing to be in any particular color zone over the other? Because it's just not clear, are you looking for, you know the high rates?

Stacy De Jesus: Thank you for that question. (Cathleen) do you want to answer or do you want me to answer?

(Cathleen): Sure.

Stacy De Jesus: I can answer that.

(Cathleen): Sure I mean...

Stacy De Jesus: Okay.

(Cathleen): ...you can answer if you'd like.

Stacy De Jesus: No, go ahead.

(Cathleen): What we are asking for (Katherine) is the COVID Data Tracker information.

And what we're saying is that while we know COVID is changing and it's changing specifically within different parts of this country, we're asking you to look at the number of COVID cases per 100,000 population over a 7 day period or the number of deaths per 100,000 in a 7 day period. These kind of data points are all laid out quite well on the CDC COVID Data Tracker. When you're reporting it, if you include the time period for those data points reported then it makes it clear to everybody that this is an area that represents COVID-19 burden in your catchment area.

(Katherine Johnson): I see and so...

(Cathleen): The poverty data comes from the Census data. But the COVID prevalence or the COVID mortality comes from the COVID Data Tracker.

(Katherine Johnson): Right. I'm on that site. And I guess, its color coded. And so, you know, the region that we are wanting to submit for is listed as substantial. I - does that weigh - I mean I'm assuming you're wanting to prioritize areas where the transmission rate has - is particularly high. Is that right?

(Cathleen): It could be the transmission rate, the prevalence rate. It could be the mortality rate. And looking at those numbers gives you a better sense. You have the period that this NOFO is out for publication, the window sort of speak. To go back and look at those data points to see if they're changing so that you can describe the area of need in the best possible terms.

(Katherine Johnson): Thank you. That's very helpful. Could I just ask one follow-up that was on the chat? There are three components to this RFP. Is an applicant intended to do all three of them or are we taking a particular activity?

I think it was innovation, capacity building, and implementation. Is it intended to touch on all three or just one?

(Cathleen): Stacy.

Stacy De Jesus: I can.

(Cathleen): Do you want to answer that one?

Stacy De Jesus: Yes. I can answer this question. So, it's really just you can apply for Component A only or Component B only. And a Component B applicant can - may also apply for Component C, which is the innovation, Innovative Demonstration Project.

And so as - so it's only A or only B. And B could apply for C as well, if that makes sense. And I will note that...

(Katherine Johnson): Yes. I'm sorry.

Stacy De Jesus: ...one thing that we had noted is that if an applicant applies for both Component A and Component B, CDC will determine that application to be nonresponsive.

(Katherine Johnson): Got it, okay.

Stacy De Jesus: So A or B.

(Katherine Johnson): Component B is Implementation Ready, right.

Stacy De Jesus: Yes.

(Katherine Johnson): Am I following that? Okay.

Stacy De Jesus: Yes. Yes. And you'll see in the NOFO it'll describe. And even if you can check our web site, the web site that's listed, it also provides some additional information on eligibility, which can help guide which component you think that you would be - would be a best fit for you.

(Katherine Johnson): Wonderful. Thank you for your help.

Stacy De Jesus: Okay. Thank you everyone. Listen, we are at 4:35 so as I said I want to be respectful of everyone's time. I apologize if we have not gotten to everyone's questions. However, the transcript from the chat we will have and we will be responding to any remaining questions via the web site. So, we encourage you to please check the web site in the next couple days to get all of those questions.

Hold on. I'm sorry. Okay. And so also as a reminder, the recording from this call and the answers that we received about the NOFO will be posted on the web page, which is listed here on this Questions slide.

For technical assistance with grants.gov please refer to the Support tab on grants.gov.

Thank you again for participating on today's call. This concludes the informational call funding opportunity titled DP21-2109 Community Health Workers for COVID Response and Resilient Communities. Thank you everyone. This concludes the call.

Coordinator: Thank you for your participation. This concludes today's call. You may disconnect at this time.

END