**CDC-RFA-CE20-2005:**
**Firearm Surveillance Through Emergency Rooms (FASTER)**
**May 28, 2020**

**Frequently Asked Questions**

1. **Correction to content reported in previous NOFO slides:** Per page 2 of the NOFO, the average one-year award amount is $150,000.

2. **Question: If we did not submit LOI on May 22 can we still submit an application?**

   **Answer:** Yes, per page 30 of the NOFO, a LOI is requested but optional. A letter of intent (LOI) can still be submitted after May 22nd.

3. **Question: Can both a city jurisdiction in a state and the state itself apply separately?**

   **Answer:** More than one entity within a state can apply for funding. However, only one award will be given per state to avoid duplication of data submission efforts. States are encouraged to collaborate with local health departments within their state to increase their syndromic surveillance system coverage at the time of the application (per Page 25 of the NOFO).

4. **Question: Is full data sharing via NSSP ESSENCE required for this grant? Would sharing limited visit level data and/or sharing via other means be acceptable?**

   **Answer:** Yes, full data sharing of real-time, case-level emergency department data via NSSP ESSENCE is required under this NOFO. Sharing limited visit-level data and/or sharing these data via other means is not acceptable. Per Page 24 of the NOFO, eligible applicants must submit a letter of support (LOS) or Memorandum of Understanding (MOU) from their National Syndromic Surveillance Program (NSSP) Principal Investigator or the staffing unit that manages the authorization process for users to access NSSP ESSENCE data explicitly confirming the following items:

   - Applicant uses the national ESSENCE platform for their syndromic surveillance data management on or before the application due date.
   - Applicant collects and accesses data on a minimum of 75% of emergency department (ED) visits occurring within their state at the time of application, including visits from a minimum of 90% of Level 1-3 trauma centers. The percentage of all ED visits and Level 1-3 trauma centers in the state collected by their surveillance system (e.g., currently, 75% of all ED visits in the state are reported into NSSP ESSENCE) should be specified.
   - Applicant confirms required access to NSSP ESSENCE data.
   - Applicant confirms that the state NSSP staff will manage the authorization process for future CDC users.

   Applications that do not meet these criteria will be considered non-responsive and will not move forward for review.

Applicants are also encouraged to review the FASTER data sharing agreement (Appendix 1).

5. **Question: Is the goal to have multi center/multi state applications or single center/single state applications?**

   **Answer:** Per Page 25 of the NOFO, only one award will be given per state to avoid duplication of data submission efforts. States are encouraged to collaborate with local health departments within their state to increase their syndromic surveillance system coverage at the time of the application.

   CDC will be combining quarterly reports into a multi-state database from all recipients that will be used to rapidly track broad or localized changes in nonfatal firearm injuries.

6. **Question: For states that are already pushing EMS data into syndromic surveillance, does the CDC have a meaningful way to consume this data, or should we rely exclusively on ED data for this project?**

   **Answer:** Data sharing of patient encounter data from emergency department data via NSSP's ESSENCE is required under this NOFO. Per page 8 of the NOFO, recipients will be expected to create, validate, and monitor quality of indicator syndrome definitions, and validation can potentially include comparing historical trends generated using syndrome definitions with trends recorded in other data sources, such as EMS data.

7. **Question: $150k is ceiling for funding, WITH indirect rate included? What is the ICR in the funding mechanism?**

   **Answer:** Yes, the ceiling award is $150,000 with the indirect rate included. The ICR varies by state and by the type of agency or bona fide agent applying.

8. **Question: Will you share this presentation?**
   **Answer:** Yes, the presentation and FAQs from both informational calls will be posted on the NOFO website:
   https://www.cdc.gov/injury/fundedprograms/faster/index.html

9. **Question: Who is a bona fide agent of the state or local government? Can a university be considered a bona fide agent and apply along with the governmental agency?**

   **Answer:** Bona fide agents and fiscal intermediaries are organizations designated by the health department as eligible to submit a grant application in lieu of the health department. These organizations may simply apply for the grant and transfer funds to the health department, or may undertake more of the grant activities, depending on the local situation. If applying as a bona fide agent or fiscal intermediary of a state or local government, documentation must be submitted that establishes the validity of the agent.

10. **Question: Can funding be used to staff emergency department research assistants that can collect the data?**

**Answer:** No, per Page 8 of the NOFO, funding is insufficient to establish completely new emergency department data collection efforts and meet the NOFO reporting requirements.

11. **Question: How can you detect clusters with NSSP data? There is no location info for the incident. Only patient Zip is available, which is not granular enough, especially for urban areas.**

    **Answer:** While there are limitations in the granularity of the geographic data available in NSSP in some states, identifying clusters of emergency department visits for nonfatal firearm injuries will be explored through this project, as well as trends or patterns by specific demographic factors, including age and sex.

12. **Question: For key partners, can we cross state lines to include health systems from multiple states in a single application?**

    **Answer:** Yes, partnerships and collaborations that cross state lines can be highlighted in the application. However, if funded, data shared with CDC should represent emergency department visits collected from only one state.

13. **Question: Do you know the information resource to help us to identify the facilities which are level 1-3 trauma centers?**

    **Answer:** There are several resources applicants can access to identify this information, including the American College of Surgeons, the American Hospital Association, and state-level chapters of the American Hospital Association.

14. **Question: Will we be required to use a specific syndrome definition? Does it exist already? If so, will there be an opportunity to provide feedback on that definition as part of the activity?**

    **Answer:** Please see Page 7 of the NOFO. CDC will provide the syndrome definitions. More specifically:

    Recipients will be required to use standard CDC syndrome definitions, which incorporate text related to firearm injury ED visit chief complaints and discharge diagnosis codes, to track the above indicators. As ED syndrome identification often relies on text searches of ED chief complaint, clinical impressions, and/or triage notes, these approaches may need to be customized in consultation with CDC to account for local variation in the text entry conventions and quality. CDC will provide more information and guidance around the use of standard syndrome definitions upon funding. The definition for this project has been provided by CDC with the NOFO on Grants.gov.

15. **Question: I'm getting the impression that the most attractive applications will come from states and large cities. It sounds like medium-sized cities would not fit certain criteria (e.g., Minimum of 90% of level 1-3 trauma center data).**

**Answer:** Medium-sized cities are not excluded from applying but would need to meet all eligibility criteria outlined in the NOFO. Further, medium-sized cities would be encouraged to partner with other jurisdictions across the state, particularly to ensure they meet the criterion that they cover a minimum of 75% of all emergency department visits within the state.

Please see Page 24 of the NOFO, which outlines that the applicant must use the national ESSENCE platform for their syndromic surveillance data management on or before the application due date:

Eligible applicants must submit a letter of support (LOS) or Memorandum of Understanding (MOU) from their National Syndromic Surveillance Program (NSSP) Principal Investigator or the staffing unit that manages the authorization process for users to access NSSP ESSENCE data explicitly confirming the following items:

- Applicant uses the national ESSENCE platform for their syndromic surveillance data management on or before the application due date.
- Applicant collects and accesses data on a minimum of 75% of emergency department (ED) visits occurring within their state at the time of application, including visits from a minimum of 90% of Level 1-3 trauma centers. The percentage of all ED visits and Level 1-3 trauma centers in the state collected by their surveillance system (e.g., currently, 75% of all ED visits in the state are reported into NSSP ESSENCE) should be specified.
- Applicant confirms required access to NSSP ESSENCE data.
- Applicant confirms that the state NSSP staff will manage the authorization process for future CDC users.

Applications that do not meet these criteria will be considered non-responsive and will not move forward for review.

16. **Question: One of our trauma hospitals is a DoD facility, do we need to count this in our denominator of trauma centers?**

    **Answer:** 90% of ED visits from level 1-3 trauma centers that are civilian hospitals should be covered by applicant's syndromic surveillance system and contributing data into NSSP/ESSENCE (i.e., military or DoD hospitals do not need to be included in these calculations).

17. **Question: The $150k ceiling DOES or DOES not include overhead?**
    **Answer:** The $150,000 ceiling award amount does include the overhead.

18. **Question: Can you talk a little bit more about the $75,000 requirement to fund the organization/division that collects the syndromic data?**

    **Answer:** Please see Page 33 of the NOFO. The applicant's budget must also include evidence of direct support of and collaboration with the staffing unit collecting their rapid ED data by budgeting at least $75,000 to the staffing unit collecting rapid ED data to support efforts to maintain and enhance collection of rapid ED data for this program. This funding allocation is designed to ensure that sufficient support is provided to the staffing unit collecting the data; funds may be used to support staff or infrastructure.

19. **Question: The epidemiologist position that would be working on this project would sit in the same bureau but a different section (a specific epi section) than the syndromic surveillance program. Just making sure I understand that it would be okay for the $75,000 to go to the epi section if the syndromic program says it agrees to that in their LOS.**

    **Answer:** Yes, this is correct. The $75,000 can be allocated to the epi section if the syndromic surveillance program agrees to this in their LOS.