

Questions and Answers from the Potential Applicant Conference Call

Funding Opportunity Number CDC-RFA-PS11-1114

Community Approaches to Reducing Sexually Transmitted Diseases

March 10, 2011 2:00pm EST

Questions & Answers

Will the slides be available to those who only have audio?

Yes, the audio recording and the slides will be available and posted online.

See this link <https://www.mymeetings.com/nc/join.php?i=PW1331951&p=NCHHSTP1&t=r>

Is this a continuation or a new funding opportunity?

It's a new funding opportunity with a three year project period.

When the budget is submitted does it have to be just for the first year, or does it have to be a three-year budget?

The submitted budget should be for the first year only.

Can you explain in more detail the funding restrictions on page 11?

These funding restrictions are template language to the funding opportunity. However, specifically for this funding announcement, you cannot apply any funding for research, since this is a non-research announcement. Also, clinical care is restricted, because those activities are typically funded through other sources. These are typical restrictions for CDC funds and are not necessarily program specific.

On page 3 it says See Appendix One for definitions, and I could not find Appendix One anywhere?

It may have been lost in the editing process. We will attach Appendix One to the website, and make that available for everyone.

See Appendix One information below

Appendix One-- Glossary of Terms

Health disparity is a particular type of health difference that is closely linked with social or economic disadvantage based on their racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive, sensory, or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion. [HP 2020-<http://healthypeople.gov/2020/about/disparitiesAbout.aspx>]

Social determinants are the economic and social conditions that influence the health of individuals, communities and jurisdictions and include conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and social exclusion.

Health equity is a desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage. It requires:

- Continuous efforts focused on elimination of health disparities, including living and working conditions that influence health, and
- Continuous efforts to maintain a desired state of equity after particular health disparities are eliminated.

Can we pay for medication for a clinic with this particular grant?

Normally, medication is part of clinical care, so for this program, it would be restricted.

Can you do STD testing? Do you consider that clinical care like rapid testing?

STD testing could be an allowable expense if it ties to the objectives and goals of the funding opportunity.

If you were working with school clinics, could you purchase the medication so the nurse practitioner could treat at the school clinic? Can you purchase medication for a school clinic?

As stated above, medication is typically a restricted expense; however, an official response would require review of the program plan to determine if the expense is allowable.

You mentioned that the implementation date is June 2011, but that's when the award is given? Do you expect the project to start immediately?

We have a target start / award date of June 2011; however, we recognize that for new programs there will be start up and time needed to begin the program.

Are you funding by region? Are you looking at specific regions?

We are not putting any geographic restrictions or limitations on this funding opportunity.

I know that we are suppose to be using specific objectives, so should set our start date for July 1st in terms of objectives and a timeline?

The start date of your program will be negotiated during the award process. Once the four agencies are approved for funding, we would contact each and adjust the start date based program need.

Do we have to focus on all three priority populations, like White, Black, and Hispanics? Or can focus just on White?

The goal here is to focus on the populations with the highest disparities. I would recommend that you would look at where the greatest need is, and design your program based on that.

Is there a recommended number of clients served per year that you're looking to see being served by this proposal?

No, that really depends on your program plan and what you're seeking to do.

If we were working in a clinic situation, could we use funds to pay for the STD tests and costs to send them to the labs to be read, and could we pay the nursing staff for their education time in educating the patients?

Going back to the scope of the work and what we're looking to do here, we want to support STD prevention and control at the community base level. When developing your program plan, the most critical piece is community engagement. We recognize that ideally in many areas of the country you have strong STD clinics and programs in your local areas. You may have other providers like community health centers who are providing those services, and that's why we emphasize the role of partnerships and collaborating. If you will look at the evaluation criteria and the project narrative, we stress the role of community health centers and local health departments. The community engagement will be an essential part of this program.

That was just one prong of a several prongs that we were considering, but I needed to know if that piece would be acceptable or not?

Yes, in keeping in the spirit of the FOA, it would be.

I wanted to know whether or not when you're talking about health disparities and health equity whether you look at groups such as Men who have Sex with Men (MSM) as a focus population?

CDC understands that there are significant disparities across the board in the MSM population. If in your local jurisdiction, you want to focus on the disparate burden among a certain group of MSM, that would be completely acceptable.

Will there be any preference given to any particular organization?

Selection will be based on the outcome of the objective review. No geographic or other preferences will be applied to this program.

Since you talk about this as a non-research RFA, does that mean a randomized trial that has a control group for an intervention would not be acceptable?

Taking the approved funding level and purpose of this program into account, it would probably be difficult to fund a randomized trial of an intervention. Also, typically, activities like that fall under research. However, this funding opportunity would support evaluation of the proposed program.

In terms of community engagement, would you like to see that process already happening as part of the grant application process?

Evidence of existing community engagement would strengthen an application and is a requirement of this program.

For a city like New York City, the magnitude of the population that you are serving, could it be in a very high risk parts of New York City, or would it be favorable to look at all boroughs? Is there a magnitude that is going to be looked at to terms of how large of a space volume is being utilized?

Given the size of New York City, it would be acceptable to focus on a particular borough rather than the entire metropolitan area.

For the specific outcome measures, are they defined by the applicants? For example, there's a lot in terms of engaging the community, and that would be one measure of outcome, of how involved we are in doing that? The other would be the rate of reducing STI risks among a certain population. So all of those are equally important?

Outcome measures are designed by an applicant based on a proposed program plan. The goal of this FOA is to reduce the health disparities, which would include reducing the incidence of disease, and promoting sexual health, and advancing community wellness. Develop outcome measures based on the scope of your project with the goals of this FOA.

In terms of our measure of community engagement, like people that do programs that involve four or five different programs versus just one other program, will that be also looked at?

The FOA did not state a numeric requirement of agencies to involve community engagement, so the quality of the partnerships is very important. Thus, it would not hurt an agency to only have a few meaningful partnerships.

My question concerns the community advisory board. Do you want it to be a brand new advisory board around this project, or will you prefer to work with an existing structure?

It would be most ideal to have an existing community advisory board that is willing to adopt the goals and objectives of this FOA. If there isn't an existing community advisory board, then explain how one would be established.

Do you want us to propose a specific intervention or should we let the community advisory board come up with the intervention?

It would be expected that an applicant would propose a specific intervention, using the guidance of a community advisory board.

And you will open to the changes if it was a major shift that we would have to make?

Yes, we realize that this is a dynamic situation. A commitment to community engagement can mean changes in program direction as a result of affected community guidance and input.

I understand that there should be proposals for projects and new initiatives in the grant , and that it helps to have strong partnerships outlined in the grant and letters of support, but is it the expectation that there should be, or can be some time built into the first year of the grant for the community engagement process specifically?

As stated previously, an existing partnership or community engagement strengthens an application; however, the entire proposal will be evaluated based on the evaluation criteria. If selected for funding, an agency would be given the time to establish necessary partnerships.

Regarding community engagement, would letters of support be just as acceptable as memorandums of understanding for new community based organizations?

The language of letter of support or memorandum of understanding (MOU) is important. Often times, letters of support are generic boiler plate letters and do not necessarily indicate a promise or obligation to assist in the carrying out of a program, such as memorandums of understandings (MOU). MOU's typically outline the support and assistance an agency would give. Keep this in mind when submitting the documents.

In the application review information part of the proposal, under criteria for document need, you talk about does the applicant meet the disparate disease rate as described in the eligibility criteria section? I'm having trouble finding the eligibility section.

Describe and document the STD burden in the target population or the jurisdiction where you want to work.

Will preference be given when awards are selected for geographic areas where the incidence is quite a bit higher in the country, or do you suspect that it will be sort of across the board, given fair shot regardless of geographic area and incidence rate?

There is no geographic preference asked for in this FOA. Recognizing the disparate burden in whatever population where you're working, or area, is going to be your strongest case.

So focus on the disparate rate?

Yes

For the four goals that were listed on the second page of the FOA, do you anticipate that the four awards that are made, those grantees will have addressed more than one of the goals, or do suspect that maybe one or more of the grantees will have address just one of the goals?

It would be impossible to predict how the selection will end up. Selection for funding this FOA will be based on the result and outcome of the Objective Review process. The review uses the evaluation criteria listed in the FOA. Use the evaluation criteria as your guide to prepare your program narrative.

The FOA refers to a Public Health Ethics framework, and I Googled CDC Public Health Ethics Framework, and I get to the webpage where it provides a description, but I'm wondering if there is a specific document you're looking for us to refer to?

That webpage is our best reference at this point. See this link
<http://www.cdc.gov/od/science/integrity/phethics/>

On page 10 of the FOA, in section V. The second sentence is posed as a question. Please elaborate on what we are to respond to.

This is a typographical error, and should read, "Describe intervention methods and desired outcomes, and how they relate to reducing health disparities and overall sexual health."

Related to evaluation criteria, if the goal is to demonstrate existing strong and established partnerships as a priority for the reviewers, than that means that applicants that are trying to establish new relationship with non-traditional organizations would be poorly scored, is that correct? States may have AIDS organizations that have strong relationships with that they can add a STD component, but they also may be interested in developing new relationships such as with say planned parenthood or other organizations. How would you view that application?

It would be important to describe both partnerships, and or both relationships.

So in other words if you have a weak and non-established relationship, you could still put together a proposal to try and develop that relationship and demonstrate the value and importance of it.

Yes.

Who do we contact for technical assistance and budget questions during the preparation of our application?

Please refer the end of the FOA for agency contact information.

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Norman Hayes, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road
MS- E02
Atlanta, GA 30333
Telephone: 404.639.8991
E-mail: nhayes3@cdc.gov

For **financial, grants management, or budget assistance**, contact:

Angie Tuttle, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E 15
Atlanta, GA 30341
Telephone: 770.488.2863
E-mail: aen4@cdc.gov

For assistance with **submission difficulties**, contact:

Grants.gov Contact Center Phone: 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For **submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at:
TTY 1-888-232-6348

If the community advisory board were determine that increasing health equity in access could be achieved by implementing STD testing in non-traditional sites more broadly disbursed throughout the community served. I still haven't heard a very clear answer whether screening and referring for treatment is considered clinical care?

When we talk about clinical care, we're talking about institutional based clinical care that you normally would see in STD clinics or community health centers. Those services are provided for under other resources. If you think that one of your strategies might be to have a mobile van where you're providing testing, and you want to refer people in for services, that would be supported by this award.

Being from an area where Expedited Partner Treatment is prohibited, how would policy work emanating from this community advisory group specifically to Expedited Partner Treatment be view?

If you think about the content of the FOA we talk about addressing the social determinants of health and we recognize that they go all the way from the individual level to the policy level. A policy intervention is a very viable way to approach some of these problems.

Is it acceptable to focus on a sub-population by age, so if the highest incidence of STDs particular among adolescents of a certain ethnicity would it be okay to focus on adolescents?

Absolutely, just make sure you document your need.

There is no mention of Alaskan Native American Indian people mentioned. If this is a competitive grant, the applicant is to demonstrate their need, how are you going to be able to score each applicant in that area? Some area populations are small, but incidence is high.

If your jurisdiction has a need, document and describe the need and the disparate burden among your population. Again, this FOA has no geographical or target population limitations.

Is the amount of funding subject to change based on the federal cuts?

All funding is subject to the availability of funds; however, the FOA lists the currently approved funding levels.

For the intervention implementation plan, would you like for us to submit a 3 year plan, or would you like us to submit a detailed 1 year plan and a brief plan for years 2 and 3?

This would depend on the context of the proposed plan and would be left up to the discretion of the applicant. It is always beneficial to demonstrate how the program will be implemented beyond the first year. Also follow the any guidance provided in the FOA.