2015-2017 MHI
Questions & Answers

February 11, 2015

36. Narrative: #3 In what format should we list the Strategies and performance measures, do you want a table or just simply listing them?

There is no required format. Please use whatever works best for you.

January 16, 2015

1. Do I need to submit a work plan?

No, a work plan is not a required component of an application. Per the RFA, work plans for awarded projects will be developed by the grantee project director, OHDHE statewide evaluator, and OHDHE project officer between April 1 and June 30.

2. Do I need to submit a budget justification?

No, a budget justification is not a required component of an application. Per the RFA, detailed budgets and budget justifications for awarded projects will be developed by the grantee project director, OHDHE statewide evaluator, and OHDHE project officer between April 1 and June 30.

3. Do I have to use the forms provided, or can I use another format?

Per page 11-12 of the RFA, the application is to be submitted in the format specified, including the forms provided. The forms are available as a separate Word document at http://www.dhhs.ne.gov/healthdisparities.

4. Why must we submit the application in Word? Can we not use Adobe?

The application is used as the basis for a number of other documents once awards are determined, so everything must be submitted in Word. You may also submit a copy of your application in Adobe, if you wish, but one copy must be in Word, per the RFA.

5. I am a current grantee – I have an existing MHI-funded project. Do I only need to answer question 6 on page 13?

No. Applications from organizations that have a 2013-2015 MHI award need to answer question 6 (page 13) in addition to the others.

6. Do I have to choose from the strategies and performance measures in Attachment A? Can I pick something else?

You must choose one or more strategy from Attachment A, but you may also choose other strategies that are not listed in that document. If you choose something not included in Attachment A, you must justify it by completing and submitting a *Request for Approval of Strategy as Evidence-based* form for each strategy not on the list in Attachment A.

7. Will you provide some examples of selections of strategies and performance measures? Can we focus a project on more than one strategic area?

You can choose more than one strategy. We caution you to ensure the selected strategies align with performance measures as a group, and the project priority(ies) chosen. As we work with funded projects to develop work plans, budget justifications, and evaluation plans, this will also be addressed.

Example A: If you are applying for $71,000, you will need to choose one or more strategy; and 3 short-term, 2 intermediate-, and 1 long-term performance measures; per the table on page 3 of the RFA. From Attachment A, you could choose Strategy 4; Short-term measures S11, S12, and S14; Intermediate measures I13 and I17, and Long-term measure L13.

Example B: If you are applying for $300,000, you will need to choose one or more strategy; and 6 short-, 2 intermediate, and 2 long-term performance measures. From Attachment A, you could choose strategies 3 and 6; Short-term measures S8, S9, S17, S18, S19, and S21; Intermediate measures I8 and I15, and Long-term measures L7 and L11.

8. Is there a cutoff date for questions?
Questions may be submitted to dhhs.minorityhealth@nebraska.gov through the application due date, and they will be answered within 2 business days of receipt, per the RFA. We will answer questions through 5:00 pm CT on February 13, 2015. We encourage applicants to ask their questions early, to ensure enough time to integrate responses into application materials.

January 21, 2015

9. Does an applicant or "lead agency" have to have 501(c)(3) tax-exempt status by the time of the application deadline to be eligible? Must the eligible applicant have core documents (personnel policies, financial policies, etc.) in place by the deadline? Must the applicant have an Employer Identification Number (EIN) in place by the deadline?
An applicant or lead agency does not have to have 501(c)3 status to apply for MHI funds. Whatever the type of organization/entity, they must be registered with the Nebraska Secretary of State to do business in Nebraska and offer services in Nebraska (see page 4 of the RFA). It is strongly recommended that an applicant or lead agency on an application have appropriate documents in place by the application deadline, as the stability of the applicant will be assessed as part of the review process.

January 23, 2015

10. I am searching for information relating to the use of the DPP with Hispanic populations. Are there other LHDs in Nebraska that have used the DPP successfully with this minority group? My concern is that it would be difficult to maintain fidelity to the program because the majority of our Hispanic clients have a very low literacy level; the bookwork required for DPP is too difficult for them to manage and our CHW fears that a lot of one on one assistance would be required for the participant. Are we able to alter it and still maintain fidelity? Also, the time commitment for the program is worrisome to us. How have other LHDs used incentives to get participants to maintain involvement for one year? Any advice would be appreciated.

We know of only one local health department that is using the Diabetes Prevention Program (DPP) with Hispanic populations at this time, Panhandle Public Health District. We are unable to speak to their experiences, and suggest you contact them for further information.

January 26, 2015

11. If an applicant applies for projects for two counties in one application and DHHS prefers one project over the other, will DHHS award partial funding for the preferred project? (We wonder whether applying for projects for two counties in one application undermines the success of either project.)

If we are understanding this question clearly, you want to know if an award might be made for a portion (but not necessarily all) of funding requested by an applicant. Yes, this is possible.

If you are proposing to use one concept in multiple counties, we recommend that you submit one application. If you are proposing different concepts in different counties, however, we recommend submitting one proposal per county. Neither of these options will affect potential success of the application.

12. For Strategy 5 to increase the use of diabetes prevention programs in community settings, may applicants use an evidence-based prevention program other than the CDC-recognized diabetes prevention programs?

Yes. If you propose to use a non-CDC-recognized diabetes prevention program, you will need to justify its inclusion using the *Request for Approval of Strategy as Evidence-based* form, which is available at http://www.dhhs.ne.gov/healthdisparities.

13. On Form C, there is a request to provide Grant Contract information on previous grants. Would it suffice to provide previous grants issued to our organization from the Office of Minority Health?

We recommend that applicants answer all questions on Form C as completely as possible, including all grants and contracts from the Nebraska Department of Health and Human Services.

14. Where will the face to face technical assistance meetings be held in July 2015 and July 2016 and how many days will they last? We need to know this for budgeting purposes.

The face-to-face technical assistance meetings will be held in Kearney, and will be one full day in length.

15. Can MHI dollars be used for screening supplies?

Yes, MHI funding can be used for screening supplies, as long as screening activities are part of your project plan.

16. Where are the questions and answers posted? http://www.dhhs.ne.gov/healthdisparities. I don't see them on this link. Please help.

At http://www.dhhs.ne.gov/healthdisparities, there is a link at the top right of the page that says 2015-2017 Minority Health Initiative Funding Application. That link takes you to a page

with all documents related to this request for funding, including the questions and answers document.

January 28, 2015

17. This document on your website appears to require a password to access. MHI RFA QA 26Jan14.pdf. Is there another way to access FAQ regarding the MHI RFA?

The link was down unexpectedly, and has been repaired. The name of the file has been changed to MHI FAQ to help us avoid a recurrence of this issue. We apologize for any inconvenience.

18. Can we receive some direction regarding the best practices for implementing the evaluator part of the proposal? Some information regarding a directory of evaluators, sample contracts, scope of work, and other advisory documents would be helpful.

Grantees are not required, but are encouraged, to use any evaluator with whom they feel comfortable, including either internal or external evaluators.

The statewide evaluator will provide guidance and assistance with project evaluation. How you use an evaluator will depend on your needs and your project. You may want to utilize an evaluator to help design your evaluation plan, identify process and outcome measures, develop data collection tools, collect data, analyze data, assist with meeting statewide reporting requirements, and/or provide local-level reports.

At a technical assistance meeting in July 2014, we asked a panel of external evaluators who were working with the 2013-2015 projects about specific roles of an evaluator. Below are tips from that meeting.

- Identifying the appropriate tools to measure objectives and outcomes.
- The biggest benefit comes from the evaluator being involved from the very beginning to ensure clear and feasible goals.
- Evaluators are able to help show that you are meeting your goals.
- The evaluator can help determine data needs: how to get it, where to put it, how to use it, who enters data, and who collects it.
- Evaluations should be conducted throughout the project to track the progress toward goals and if adjustments are needed.
- An evaluator is an essential part of the team.

We do not have a template of a contract with an evaluator, but common elements of such a document could include clauses concerning compensation and expenses, contract term (timeframe) and payment structure (how often, how much), deliverables/scope of work, communication and reporting (how often, contents), hold harmless, relationship between the parties, data ownership and copyright, termination of contract (how, why, consequences), and access to records, among others.

19. If we are planning on continuing our existing program, do we need to also choose from the strategies and performance measures listed or can we utilize our current strategies

and performance measures? If we can utilize our current strategies that may not align directly with the listed strategies, do we need to complete the strategy approval form?
Per page 3 of the RFA, you must choose one or more of the strategies in Attachment A, and the appropriate number of performance measures based on the amount of funding requested. If you choose to implement additional strategies, such as those utilized in your current project, you will still need to choose strategies and performance measures from Attachment A per the chart on page 3, and submit a completed *Request for Approval of Strategy as Evidence-based* form for each additional strategy.

20. Are funding for screening supplies allowed, and if so, is this limited to blood pressure and blood sugar?
Yes, funding for screening supplies is allowed. It is not limited to blood pressure and blood sugar, but should align with your project plan.

21. Can you provide examples of chronic disease self-management programs that are evidence-based and approved for use for this grant?
Evidence-based refers to strategies for which strong and well-documented evidence of effectiveness is available. This would include strategies that are recommended by federal agencies and organizations or through a systematic review of literature such as *The Community Guide*, or strongly supported by peer-reviewed literature. Refer to Attachment A for pre-approved strategies. For other evidence-based strategies, information may be found at the links below.

- Finding Answers Intervention Research (FAIR) Database: http://www.solvingdisparities.org/fair
- U.S. Preventive Services Task Force: http://www.ahrq.gov/clinic/uspstfix.htm#Recommendations
- Community Preventive Services Task Force: http://www.thecommunityguide.org
- Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices: http://nrepp.samhsa.gov

22. Can you provide examples of evidence based diabetes self-management programs that are approved for use for this grant cycle?
Please see the response to question 21.

January 30, 2015

23. On Form C for Question 6 about the applicant's experience with other contract or grant requirements, how many contracts and grants (in addition to all grants and contracts from the Nebraska Department of Health and Human Services) are too many to list? We have nearly 100 open grant files at any one time. Submitting the requested information for every active and past contract and grant will require a significant amount of time to compile and fill many pages in our application.
If an applicant has many grants/contracts, as in this case, report at least 5 active grants/contracts from outside of Nebraska DHHS. If you do not have 5 currently active

grants/contracts from outside Nebraska DHHS, report on previous projects from outside Nebraska DHHS.

February 3, 2015

24. Strategy 7 has a sample activity of "CHW's lead DSME workshops for minorities." The Am Journal of Preventive Medicine (Vol 22. Number 4S: Recommendations for healthcare system and self-management education interventions to reduce morbidity and mortality from diabetes.) recommends… "DSME for adults with type 2 Diabetes delivered in the setting of community gathering places should be coordinated with the person's primary provider and these interventions are not meant to replace education delivered in the clinical setting.

QUESTION: Is it an evidence-based practice to have a CHW take the lead in diabetes self-management education in a community setting?

The use of Community Health Workers is an evidence-based approach that has shown to be effective with DSME programs. They should be used under the direction of a certified diabetes educator or mid-level or higher practitioner.

25. On Form B regarding Incentives, food and educational tools.

a. We would like to provide stipends to participants for their participation in a health education / nutrition class that is related to our strategies and goals. Does this amount need to be pre-approved before our grant is submitted?

b. As a part of the class being provided, there will be a "hands on" healthy cooking component, and we would like to budget for food to be purchased for this class. Does this amount need to be pre-approved before our grant is submitted?

There is no mechanism for pre-approvals prior to application submission. After awards are announced, OHDHE project officers will work with grantees to develop work plans and budgets. It would be during that phase that such costs would be assessed and declined or approved.

26. Do you have the scoring metric or evaluation by which these applications will be assessed? How many points is each section worth? Would you please make it available on your website?

Per pages 10-11 of the RFA, the organizational capacity, project narrative, and budget will be assessed.

February 4, 2015

27. When funding is broken out by county, are those amounts for the life of the grant or are those amounts per year?

The budget to be submitted with your application should be presented per year and per county. You will request funds for the life of the grant, but will break them out by year.

28. Our client load has increased through the two years of the 2013-2015 project. Is it permissible to request a higher amount, primarily for the salary of the community health worker to provide more hours, for the 2015-2017 project?

You are able to request up to the amount available for each county for which you are applying, per the table on page 5 of the RFA. The legislation requires that funds be distributed per county based on the most recent federal decennial census, so the upper limit per county is immutable. You may shift funds within your budget to salary for a community health worker from other line items, if you wish.

29. Do you want us to develop or own strategies, or use the ones provided?
We prefer that you use the strategies in Attachment A, but will also approve other evidence-based strategies. If you plan to use the latter, be sure to complete the *Request for Approval of Strategy as Evidence-based* form for each strategy not listed in Attachment A.

30. Grant application 2015-2017 on the budget form has a line item-supportive services, What kind of services can be allocate to this line item?
Page 12 of the RFA refers to interpretation, translation, and transportation as supportive services. Other costs may be included in this line item, but per page 12, the total of that line item will be assessed for compliance with the limit of 10% of the total amount requested.

February 6, 2015

31. For the MHI application: as a continuation project, must we, in Narrative Question 3, choose strategies and performance measures, or may we continue using those from our previous project, as mentioned in Narrative Question 6?
Thank you for clarification of this.
Page 3 of the RFA states that applications must identify one or more of the strategies and the appropriate number of performance measures in Attachment A. You may continue with strategies and performance measures from your previous project in addition to those from Attachment A, if they are evidence-based. However, you will need to submit a *Request for Approval of Strategy as Evidence-based* form for each.

32. If there is no internal evaluator within the organization, is it mandatory to contract with an external evaluator for the upcoming grant. Or will the statewide evaluator be available to assist with evaluation needs?
Contracting with an external evaluator is not mandatory for any applicant, though it is encouraged for applicants without evaluation staff internal to the organization. The OHDHE statewide evaluator will not assist with implementation of and reporting on individual projects, but will instead focus on assisting with finalizing of work plans and evaluation of the projects as a group. Each project will be responsible for local evaluation needs.

33. On item 6 . "Describe your experience in contracting in reporting on and meeting other contract or grant requirements": Is the contact person and phone information supposed to be that of the granting organization of the grantee?
Yes, the contact information requested is for the granting organization.

February 9, 2015

34. Project priorities and strategies lists infant mortality in the RFA. Do immunizations play an evidence based strategy in infant mortality that you would approve?

Activities that promote or increase access to immunizations among minority populations may be used in the application of strategy 9 of Attachment A. Activities will be finalized via discussions among grantees, project officers, and the OHDHE statewide evaluator. We do recommend that you ensure you do not duplicate activities covered by other funding.

For information on evidence-based strategies related to immunizations and infant mortality the following links may be of assistance.

- Finding Answers Intervention Research (FAIR) Database: http://www.solvingdisparities.org/fair
- U.S. Preventive Services Task Force: http://www.ahrq.gov/clinic/uspstfix.htm#Recommendations
- Community Preventive Services Task Force: http://www.thecommunityguide.org
- Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices: http://nrepp.samhsa.gov

35. Also, are lead screenings an evidence based strategy in infant mortality?

Please see the response to question 34, above. That response is also true of lead screenings.