

Q: Per your RFP, the Eligible entities include local public health departments, health systems, and community-based organizations. Would Health Plans fit under the category of health systems?

A: Any community-based organization that has the capacity to convene a Chronic Disease Coordinating Network (CDCN) comprised of a variety of community organizations and stakeholders, execute/implement the 15 strategies within the two components specified in the RFP, and act as a fiduciary for the project is welcome to apply. Each application will be evaluated based on the organization's demonstration of such capacity.

Q: What should be included in the letter of intent?

A: The letter of intent can be very simple; it need only include the organization name and a statement of intent to apply. It should be sent by close of business (5 pm) on November 19, 2014 to Annemarie Hodges at hodgesa5@michigan.gov.

Q: Is the Diabetes Self-Management Program (DSMP, or Diabetes PATH) an approved prevention program for the purposes of this grant?

A: No. The lifestyle intervention/prevention program to which the RFP guidance refers is the Diabetes Prevention Program (DPP). A link on page 18 of the RFP will provide you with more information about the DPP (<http://www.cdc.gov/diabetes/prevention/index.htm>).

Q: Our health department is applying for the grant in partnership with another health department. Should we calculate chronic disease burden indicators for the combined region or report them by jurisdiction in the narrative?

A: In the case of a joint application representing more than one distinct geographic area (or agency coverage area), please present the disease burden data for *each* of your jurisdictions (separate data for each health department coverage area). This data will, presumably, underscore why you've chosen to work together and how your approaches will be consistent or differ across your coverage area.

Q: Are the strategies to be limited to focus solely on adults or may prevention activities be undertaken for children as well?

A: According to the CDC, "The purpose of this funding is to support implementation of population-wide and priority (high burden/risk) population approaches to prevent obesity, diabetes, heart disease and stroke (through control of high blood pressure) and to reduce health disparities in these areas *among adults* (emphasis added)." While it is the case that environmental strategies implemented by the CDCN in each funded community may benefit children indirectly, proposed activities should target adults (defined as age 18 and older) in the community, generally, and priority adult populations more specifically.

Q: If an organization is awarded \$400,000, is that \$400,000 split across the 4 years or will organization receive \$400,000 each year?

A: As the posted RFP indicates on page 2, the "One Year Award Amount (*is equal to*) Approximately \$440,000 (award range, \$350,000 -\$470,000)." Assuming no interruption to, or changes in the amount of, funding to the state of Michigan from the CDC, awards to communities in years 2-4 are likely to be the same (or similar to) the amount awarded in year 1.

Q: In regards to the performance measures and outcomes. We do not come up with our own performance measure or outcomes, we are to write our objectives and identify activities that will address the performance measures and outcomes as listed in Attachment C and on page 12 correct?

A: That is correct. Funded states are awaiting further guidance from the CDC on performance measures and evaluation requirements, and will translate that guidance for application at the local/community level, after funding is announced and projects get underway. What is key at this time is for applicants to signal both an understanding that there *will be* requirements, and an *intention to comply* with all evaluation requirements. Specifically, the application should: 1) demonstrate the applying and partnering organizations' capacity for participating in program evaluation, and 2) provide assurances of the intent to devote staff time and adequate resources to comply with evaluation requirements. If you have already identified an evaluation staff person on your team, be sure to indicate that in your narrative and budget. The state-level CDCN coordinator and evaluation coordinator will provide details about requirements, and substantial technical assistance to the funded communities regarding performance measures.

Q: Do we need to complete 4 separate budgets based on Attachment F or one total budget broken down by the percentages?

A: Attachment F is a Microsoft Excel *workbook* file with five separate *worksheets*, the first four of which are to be completed for the four sub-component budgets required. The sub-component worksheets are labeled: *Comp 1 Nutrition Standards*, *Comp 1 Environment-Lifestyle*, *Comp 2 Hlth Syst Int Hypert*, *Comp 2 Diab Prev*. Your entries into each of these 4 worksheets will automatically carry over to the fifth worksheet, labeled *Summary Budget*. The only information you are to enter into the *Summary Budget* worksheet is the applicant organization name and the date prepared. The rest of the cells on the summary budget worksheet will be automatically populated from the four sub-component budgets as they are completed.

Q: Is there an indirect cost percentage?

A: Funding for the approved projects/communities will be provided through a cost reimbursement grant agreement via MI-EGrants. Contract development instructions will be forwarded to organizations selected for funding, after funding announcements are made. Currently, indirect costs can only be applied if an approved indirect costs rate has

been established or an actual rate has been approved by a State of Michigan department or the applicable federal cognizant agency, and is accepted by the Department. If the applicant organization has such an approval, a current copy of the approval letter stating the applicable indirect costs rate should be included in your application materials. The indirect rate requested in all responses to this RFP should be capped at 20% of applicable direct cost.

Q: In terms of eligible organizations, Can you please clarify how MDCH defines a community-based organization for purposes of this RFP?

A: The purpose of the grant is to support partner networks in local communities to implement population-wide and priority population strategies to prevent and control obesity, diabetes, high blood pressure and stroke in high burden communities. The main “eligibility” concern is capacity, as demonstrated in the application, and an organization’s ability to convene a group of partners that can achieve the desired outcome, and that represents both the general community and the targeted group(s) identified in your application well.

Q: If one of our Network partners is already receiving CDC funding to expand the NDPP program in one county can they still be included in our proposal as a partner?

A: Yes. CDCNs *should* seek to work with existing organizations and projects that share the mission of preventing/controlling obesity, diabetes, heart disease and stroke (through control of hypertension). As such, it is quite possible that the applicant organization will have an opportunity to partner with organizations already implementing the NDPP. The CDC instructs that efforts under this funding opportunity must not duplicate community-based work funded by other CDC funding opportunities. If the applicant organization wishes to partner with another organization already funded to implement the NDPP it should clearly demonstrate that funds from this grant (MI 1422) will not replace or supplant funds already supporting NDPP implementation through the partner organization(s), but rather will expand program reach, and/or address new populations.

Q: We are not sure how to interpret the grant award information on page 2. Is the one year amount of approximately \$440,000 per awardee or will that be total amount granted for all 4-5 awards each year?

A: As the posted RFP indicates on page 2, the “One Year Award Amount (*is equal to*) approximately \$440,000 (award range, \$350,000 - \$470,000).” Assuming no interruption to, or changes in the amount of, funding to the state of Michigan from the CDC, awards to communities in years 2-4 are likely to be the same (or similar to) the amount awarded in year 1.

Q: Is there a possibility that the due date for the proposals will be extended?

A: Unfortunately, we cannot extend the deadline for applications. We appreciate that the end of the year, with holiday activities and vacation time away from the office, is a challenging time to focus on an application. However, the January deadline must remain in place to allow for the application review process and contract development, here at MDCH in order for projects to begin on March 1, 2015. As noted on page 3 of the RFP, the application deadline is 3pm on January 6, 2015. Please refer to the RFP for further guidance on submission of your application.

Q: Regarding the budget for the RFP: Because the budget form is only for the 7 month budget period and the dates are already in the template- I just want to confirm that you consider the numbers we will be inserting in the budget to be 7/12 of the budget we would request for the following year.

A: As the posted RFP indicates on page 2, the "One Year Award Amount (*is equal to*) approximately \$440,000 (award range, \$350,000 -\$470,000)." The amount available for the first year (7-month budget period) could potentially be increased slightly in years two-four (12-month budget periods), may remain level or could potentially decrease depending on availability of CDC funding. However, assuming no interruption to, or changes in the amount of, funding to the state of Michigan from the CDC, awards to communities in years 2-4 are likely to be the same (or similar to) the amount awarded in year 1.

Q: Can you provide some idea of the process (funded communities) would use to train DPP lifestyle coaches? We assume we could bring in a trainer. How long is the training and what is the cost?

A: All CDCNs are highly encouraged to collaborate with local CDC Diabetes Prevention Recognition Programs (DPRPs). A list of Michigan DPRPs is located on the CDC website at: <http://www.cdc.gov/diabetes/prevention/recognition/states/Michigan.htm>.

Michigan has many counties with local DPP coverage; to view specific geographic areas and contact information within Michigan please go to: <http://www.midiabetesprevention.org/dpp-programs-in-michigan.html>.

CDCNs should not plan on budgeting for lifestyle coach training in year 1 unless there are no DPRPs in their proposed service area. The MDCH Diabetes Prevention and Control Program will be assessing the needs and potential gaps of DPP coverage once the target communities are determined and will work with the CDCN regarding training as needed.

In terms of training, Michigan has three organizations that have DPP Master Trainers, trained by the Emory Diabetes Training and Technical Assistance Center (DTTAC). These DPP Master Trainers can work with local organizations to train individuals to be DPP lifestyle change coaches. The organizations are District Health Department #10, Michigan State University Extension, and the National Kidney Foundation of Michigan. In addition, the MDCH Diabetes Prevention and Control Program can provide technical assistance on how CDCNs can work with additional CDC-approved Lifestyle and Master Trainer Organizations.

Q: Does an organization have to address all 15 strategies each year or can they be broken up over the course of the 4 years?

A: Funded CDCNs are expected to engage in activity related to each of the required 15 strategies in each project year. However, it is understood that those activities will be at different stages of development at any given time, particularly in the first two years of the project.

Q: In Component 2B-2, does the promotion of medication- and self-management have to come from the pharmacist, or can a pharmacy technician that has face-to-face contact with the patients conduct this service?

A: The promotion of medication- and self-management will need to involve a central role for and support from a pharmacist; that can include a role for the pharmacy technician, as part of a team approach.

Q: Is the target population only adults? Component 1A-3 mentions joint use agreements for schools, etc. Does this refer to primary schools and do we need to include children in our target population?

A: According to the CDC, "The purpose of this funding is to support implementation of population-wide and priority (high burden/risk) population approaches to prevent obesity, diabetes, heart disease and stroke (through control of high blood pressure) and to reduce health disparities in these areas *among adults* (emphasis added)." While it is the case that environmental strategies implemented by the CDCN in each funded community may benefit children indirectly, proposed activities should target adults (defined as age 18 and older) in the community, generally, and priority adult populations more specifically.

Q: Could you provide a definition of Health Systems?

A: Per the CDC, "Health care systems are defined as health care delivery organizations and may include the following: Health Maintenance Organizations (HMOs), Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Health Plans, Accountable Care Organizations (ACOs), Independent Physician Associations (IPAs), Indian Health Service or Tribal Clinics, Hospital Systems with large primary care networks, Health Center Controlled Networks (HCCNs), state or local governments responsible for providing clinical care, and other clinical groups operating within a state.

Q: How do you want activities divided for year one of the grant? Since it is expected to begin in March - do you want all March activities identified in Q2, April to June Q3, and July - Sept Q4?

A: Yes, that would work well. The work plan is divided into quarters, and follows the state's fiscal calendar (October 1 – September 30). As such, a full year would be divided thus: Quarter 1 – October 1 through December 31; Quarter 2 – January 1 through March 31; Quarter 3 – April 1 through June 30; Quarter 4 – July 1 through September 30.

Q: Is it possible to find out who in our community may be applying for the grant? We want to see if we need to reach out and work together with any other organizations.

A: The local Chronic Disease Coordinating Networks (CDCNs) described in the MI 1422 RFP are intended to be broad coalitions/collaboratives of organizations and individuals invested in improving the health of community residents. As such, it is incumbent upon applicants to reach out to other key stakeholders in their communities to plan for this funding opportunity, and carry out required strategies (if funded). Unfortunately we are not in a position to share the names of other prospective applicants. However, if your proposal is selected for funding and you determine that there are stakeholders in your community whose participation would enhance the project, the MDCH CDCN coordinator and other program staff can provide technical assistance for achieving that aim.

Q: We will be part of an application coming from a five county area in which we will identify and target communities most at risk. Do all 15 strategies need to be implemented throughout the entire area or can we target the strategies to those parts of the area for which they seem most important?

A: As noted in a previous response, 'Funded CDCNs are expected to engage in activity related to each of the required 15 strategies in each project year. However, it is understood that those activities will be at different stages of development at any given time, particularly in the first two years of the project.'

Disease risk factors and burden are certainly likely to vary over a five county area, and targeting strategies to areas where they are most needed is a logical way to achieve maximal impact. However, CDCNs should plan to implement all 15 strategies over the course of the project in most or all of their coverage area, as is possible and appropriate, recognizing that their approach will evolve and require adjustments over time. Working within the confines of the projected budget and with consideration for where capacity is greatest, propose implementation of the 15 sub-component strategies in the first year or two, targeted to where they are needed most in the proposed coverage area. Be sure to demonstrate that there is a plan for expanding activities over the course of the project.

Q: For Component 2A 1-5, we would like clarification as to what the short-term performance measures should be. If possible an example would be very helpful.

A: The performance measures for this project were defined by the CDC who has indicated that they will issue further guidance in the coming weeks and months about how to collect data related to the performance measures and how best to guide communities in working with them. The MI 1422 RFP states that, "Applicants are expected to demonstrate capacity to evaluate progress within their communities and to identify at least one staff member to complete evaluation-related activities. CDCNs will be required to collect both process and outcome evaluation data for reporting on required performance measures. Awardees will work with the MDCH CDCN coordinator and the MDCH evaluation consultant to develop CDCN-specific evaluation plans, implement common data

collection instruments and submit required evaluation reports.” You need not define or identify short-term or intermediate performance measures further at this time. Rather, focus your application narrative on demonstrating capacity to gather evaluation and performance data, and providing assurances that you will participate in all required reporting activities with guidance from the MDCH CDCN coordinator and evaluation lead.

Q: What is the definition of adherence to medication regimens? Is this an individualized metric or by the recommended number of visits, prescription refills, etc..? We are asking this question to determine our unit of measurement and the threshold of success/failure.

A: The “Proportion of adults with high blood pressure in adherence to medication regimens” is the intermediate outcome performance measure for sub-component strategy 2A-3 (Increase engagement of non-physician team members in hypertension management in health care systems including FQHCs, local public health in communities). As noted in response to the previous question, the performance measures were defined by the CDC and there is no need at this time to develop them further. Moreover, intermediate performance measures will be of less concern than short-term ones in the first year or two of the project. The purpose of including the performance measures in the RFP issued to communities was to help applicants understand the scope of the project and the types of measures that will be developed. In the near future, we expect that the CDC will provide additional guidance about the performance measures, including the possibility of setting benchmarks for adequate progress over the course of the project.

Q: If a health plan is funded under this project, can it work with just its own patients?

A: Each CDCN is to draft a *comprehensive* plan for implementing the 15 required sub-component strategies in their target community, with emphasis placed on reaching priority population(s) that are at the greatest risk for the conditions targeted in the RFP, or bear the greatest disease burden within the community. It seems unlikely that a CDCN could reach sufficient numbers of people and have the intended effect working through only one health plan. More generally, keep in mind that the aims of this project are intended to be achieved through the collaborative work of stakeholders in many widely varied community sectors including public health, health care, social services, aging services, transportation, business, and so on.

A health plan that is the lead or a member of a CDCN could plan to implement strategies under component 2 within their own patient population as a pilot or first phase of implementation of those strategies with the aim of the CDCN expanding implementation to other health systems over the course of the project. Lessons learned in that first phase could be helpful in the smooth implementation of component 2 strategies in other health systems. If such an approach is proposed, the applicant should make a convincing case for this stepwise approach and provide evidence of inter-agency connections and CDCN-wide capacity sufficient to support expanded implementation of the component 2 strategies.