Informational Webinar

National Initiative to Address COVID-19 Health Disparities among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

CDC-RFA-OT21-2103

Application Due Date: May 3, 2021

March 30, 2021

Speaker: Stacey Mattison Jenkins
Division of Program and Partnership Services (DPPS), CSTLTS

Welcome

Speaker: Dr. José Montero
Center for State, Tribal, Local, and Territorial Support (CSTLTS)

Presentation Overview

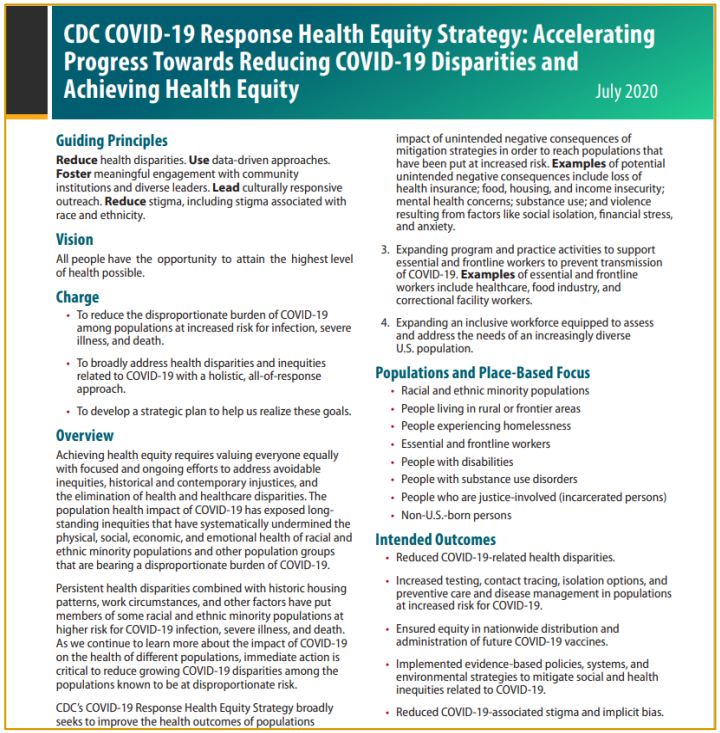
Welcoming Remarks	Dr. José T. Montero, CSTLTS
CDC's COVID Response Health Equity Strategy	Dr. Leandris Liburd, OMHHE
Grant Overview	Stacey Mattison Jenkins, CSTLTS
Eligible Applicants	Dr. Karen Mumford, CSTLTS
Funding Strategy	Dr. Karen Mumford, CSTLTS
Application Procedures	Jeffrey Brock, CSTLTS
Monitoring and Evaluation	Nancy Habarta, CSTLTS
Allowable Costs and Reporting	Shirley Byrd, OGS
Complementary CDC COVID Funding Opportunities	Stacey Mattison Jenkins, CSTLTS
Questions & Answers Session	All

Speaker: Stacey Mattison Jenkins
Division of Program and Partnership Services (DPPS), CSTLTS

CDC COVID-19 Response Health Equity Strategy

www.cdc.gov/coronavirus/2019-ncov/downloads/community/CDC-Strategy.pdf

- **Priority strategy 1:** Expand the evidence base
- **Priority strategy 2:** Expand programs and practices to reach populations that have been put at increased risk
- **Priority strategy 3:** Expand program and practice activities to support essential and frontline workers to prevent transmission of COVID-19
- **Priority strategy 4:** Expand an inclusive workforce equipped to assess and address the needs of an increasingly diverse U.S. population



CDC COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity

July 2020

Guiding Principles

Reduce health disparities. **Use** data-driven approaches. **Foster** meaningful engagement with community institutions and diverse leaders. **Lead** culturally responsive outreach. **Reduce** stigma, including stigma associated with race and ethnicity.

Vision

All people have the opportunity to attain the highest level of health possible.

Charge

- To reduce the disproportionate burden of COVID-19 among populations at increased risk for infection, severe illness, and death.
- To broadly address health disparities and inequities related to COVID-19 with a holistic, all-of-response approach.
- To develop a strategic plan to help us realize these goals.

Overview

Achieving health equity requires valuing everyone equally with focused and ongoing efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities. The population health impact of COVID-19 has exposed long-standing inequities that have systematically undermined the physical, social, economic, and emotional health of racial and ethnic minority populations and other population groups that are bearing a disproportionate burden of COVID-19.

Persistent health disparities combined with historic housing patterns, work circumstances, and other factors have put members of some racial and ethnic minority populations at higher risk for COVID-19 infection, severe illness, and death. As we continue to learn more about the impact of COVID-19 on the health of different populations, immediate action is critical to reduce growing COVID-19 disparities among the populations known to be at disproportionate risk.

CDC's COVID-19 Response Health Equity Strategy broadly seeks to improve the health outcomes of populations

impact of unintended negative consequences of mitigation strategies in order to reach populations that have been put at increased risk. **Examples** of potential unintended negative consequences include loss of health insurance; food, housing, and income insecurity; mental health concerns; substance use; and violence resulting from factors like social isolation, financial stress, and anxiety.

3. Expanding program and practice activities to support essential and frontline workers to prevent transmission of COVID-19. **Examples** of essential and frontline workers include healthcare, food industry, and correctional facility workers.
4. Expanding an inclusive workforce equipped to assess and address the needs of an increasingly diverse U.S. population.

Populations and Place-Based Focus

- Racial and ethnic minority populations
- People living in rural or frontier areas
- People experiencing homelessness
- Essential and frontline workers
- People with disabilities
- People with substance use disorders
- People who are justice-involved (incarcerated persons)
- Non-U.S.-born persons

Intended Outcomes

- Reduced COVID-19-related health disparities.
- Increased testing, contact tracing, isolation options, and preventive care and disease management in populations at increased risk for COVID-19.
- Ensured equity in nationwide distribution and administration of future COVID-19 vaccines.
- Implemented evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19.
- Reduced COVID-19-associated stigma and implicit bias.

Speaker: Dr. LeandrisLiburd
Office of Minority Health and Health Equity (OMHHE)

Grant Overview

The purpose of this opportunity is to fund state, local, US territorial, and freely associated state health departments (or their bona fide agents) to **address COVID-19-related health disparities** and **advance health equity** by **expanding** state, local, US territorial, and freely associated state **health departments capacity and services** to **prevent and control COVID-19 infection** (or transmission) among **underserved populations at higher risk for COVID-19,** including racial and ethnic minority groups and people living in rural communities.

Anticipated awards:
108

Total funding:
$2,250,000,000

Period of Performance:
24 months

Speaker: Stacey Mattison Jenkins
Division of Program and Partnership Services (DPPS), CSTLTS

Grant Overview–Priority Populations

This grant opportunity focuses on people who have been the most affected by COVID-19 and activities must focus on the following groups:

- African American, Latino, and Indigenous and Native American people, Asian Americans and Pacific Islanders, and other people of color
- People who live in rural communities
- Members of religious minorities
- Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people
- People with disabilities
- People otherwise adversely affected by persistent poverty or inequality

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Grant Overview–Intended Outcomes

The intended outcomes for this grant are:

1. **Reduced COVID-19-related health disparities**

2. **Improved and increased testing and contact tracing** among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities

3. **Improved** state, local, US territorial, and freely associated state **health department capacity and services** to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities

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Grant Overview–Overarching Strategies

The program is composed of four overarching strategies that aim to build infrastructure that both address disparities in the current pandemic and future responses.

1 Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved.

2 Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic.

3 Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

4 Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.

Speaker: Stacey Mattison Jenkins
Division of Program and Partnership Services (DPPS), CSTLTS

Grant Overview–Key Collaborative Partners

Applicants are strongly encouraged to collaborate including sub-granting and sub-contracting, with key partners who have existing community or social service delivery programs, such as:

- Academic institutions, and universities
  - For example, minority serving institutions –historically Black colleges and universities, Hispanic Association of Colleges and Universities, American Indian Higher Education Consortium Tribal Colleges and Universities, Asian American and Pacific Islander-serving institutions
- Community-based and civic organizations
- Correctional facilities and institutions
- Faith-based organizations
- Governmental organizations focused on non-health services
- Health care providers, including community health centers
- Health-related organizations
- Local businesses and business community networks and organizations
- Non-governmental organizations
- Rural health clinics and critical access hospitals
- Social services providers and organizations, including those that address social determinants of health
- Social services providers and organizations, including those that address social determinants of health
- State offices of rural health or equivalent state rural health associations*
- Tribes, tribal organizations

*State applicants are expected to coordinate with their State Offices of Rural Health or equivalent

Speaker: Stacey Mattison Jenkins
Division of Program and Partnership Services (DPPS), CSTLTS

Eligible Applicants

Up to **108** Health Departments in the following categories are eligible to apply for this funding.

- **State health departments** or their bona fide agents
- **Local health departments** or their bona fide agents that serve:
  - A county population of 2,000,000 or more; or
  - A city population of 400,000 or more
- **Health departments in the US territories and freely associated states** or their bona fide agents
  - American Samoa
  - Commonwealth of the Northern Marianna Islands
  - Commonwealth of Puerto Rico
  - Federated States of Micronesia
  - Guam
  - Republic of the Marshall Islands
  - Republic of Palau
  - US Virgin Islands

Speaker: Dr. Karen Mumford
DPPS, CSTLTS

Funding Strategy

CDC will award **$2.25 billion** to up to **108** state, local, US territorial, and freely associated state health departments (or their bona fide agents).

- One-time award available for a 24-month period
- Award floor – $500,000
- Award ceiling – $50,000,000

Eligible applicants are categorized by type:

1. State health departments
2. Local health departments that serve a county or city population of 2,000,000 or more
3. Local health departments that serve a city population between 400,000 – 2,000,000
4. Health departments in US territories and freely associated states

Speaker: Dr. Karen Mumford
Science Unit, CSTLTS

Funding Strategy–Average by Category

Health Department Type	Range	Average
State Health Departments	$17,000,000 – $50,000,000	$32,000,000
Local Health Departments (≥ 2M)	$17,000,000 – $35,000,000	$26,000,000
Local Health Departments (≥400k but <2M)	$2,000,000 – $9,000,000	$5,000,000
Territorial / Freely Associated States Health Departments	$500,000 – $10,000,000	$3,000,000

Speaker: Dr. Karen Mumford
Science Unit, CSTLTS

Funding Strategy–Funding Amounts

TheNOFO funding strategy consists of three components:
1) size of the population,
2) proportion of rural population, and
3) degree of community vulnerability to COVID.

State Health Departments

71%
($1,597,500,000)

based on
- the CCVI* (***52%***)
- proportion of rural population (***19%***)

Local Health Departments: Population ≥ 2M

20%
($450,000,00)

based on CCVI*

Local Health Departments: Population ≥ 400k, < 2M

8%
($180,000,000)

based on CCVI*

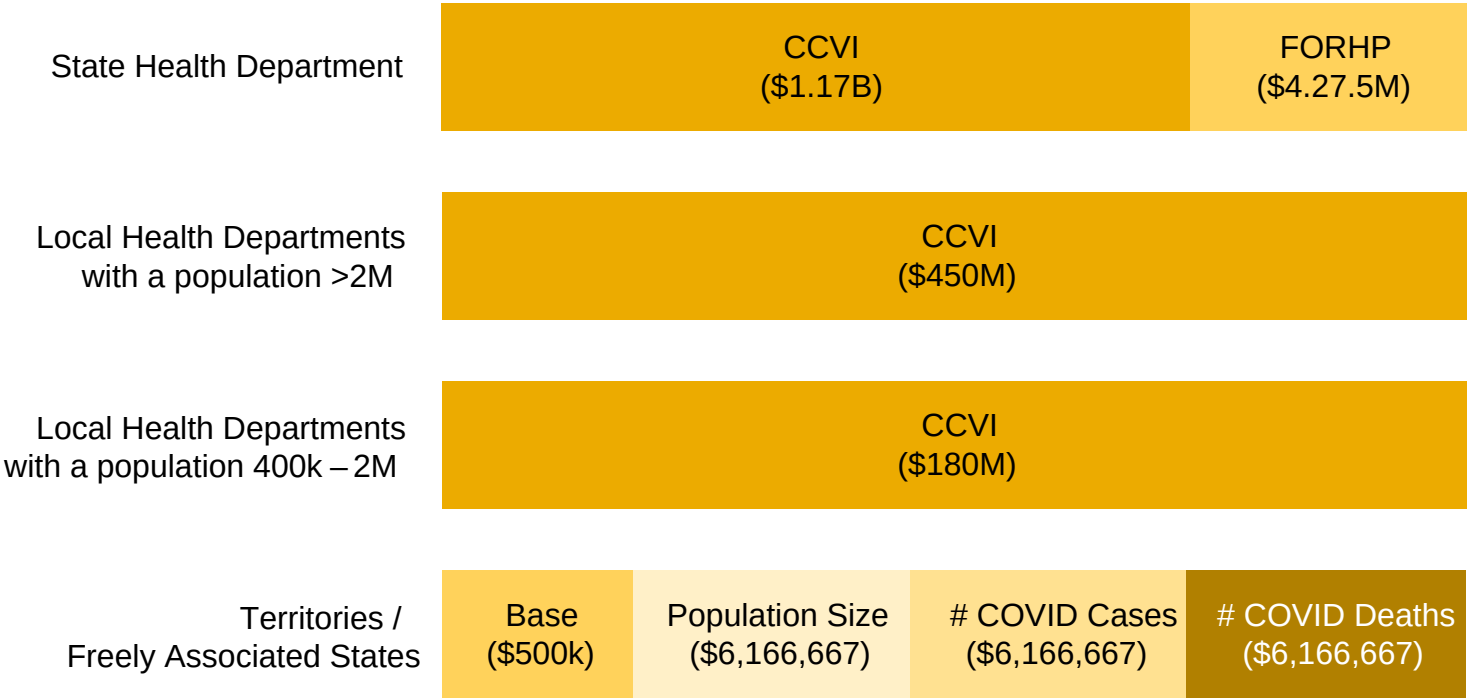
Health Departments in Territories / Freely Associated States

1%
($22,500,000)

based on
- proportion of population
- # of COVID-19 cases
- # of COVID-19 deaths
- $500,000 base

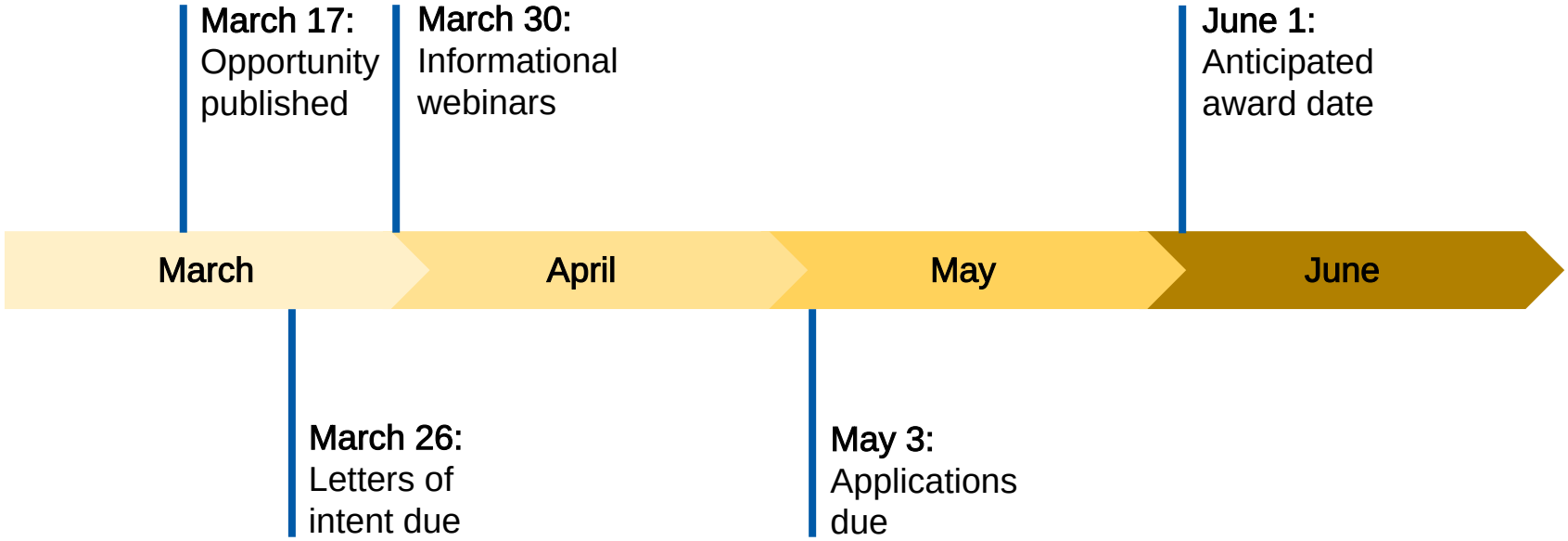
*CCVI – COVID-19 Community Vulnerability Index

Funding Strategy–Formula Components



Speaker: Dr. Karen Mumford
Science Unit, CSTLTS

Application Process–Time line



Speaker: Jeffrey Brock
DPPS, CSTLTS

Application Process–Registration and Access Checklist

To apply for this funding, your organizations must be registered with following systems:

- Data Universal Numbering System (DUNS)
- System for Award Management (SAM) formerly Central Contactor Registration (CCR)
- Grants.gov

Speaker: Jeffrey Brock
DPPS, CSTLTS

Application Process–Registration and Access Checklist

For technical review access and grants management, you will also need access to the following systems:

- Secure Access Management Services (SAMS) Partner Portal
- Research Electronic Data Capture (REDCap)
- Grants Solutions

Speaker: Jeffrey Brock
DPPS, CSTLTS

Application Process–Required Materials

Eligible applicants are **required** to submit:

- Application for Federal Assistance (SF-424)
- Budget Information for Non-Construction Programs (SF-424A)
- Risk Assessment Questionnaire
- Project Abstract Summary
- Project Narrative
  - (Organizational Capacity Statement and 2-year Work Plan **only**)
- Budget Narrative
- Disclosure of Lobbying Activities (SF-LL)
- HHS Checklist (08-2007)

Speaker: Jeffrey Brock
DPPS, CSTLTS

Application Process–Not Required

Eligible applicants are **not** required to submit:

- Table of Contents
- Evaluation and Performance Measurement Plan
- Data Management Plan

Speaker: Jeffrey Brock
DPPS, CSTLTS

Monitoring and Evaluation

- The CDC-led evaluation will aim to ensure accountability of the implementation of activities and inform the evidence base that address health disparities and advance health equity related to COVID-19
- Logic model and performance measures will be finalized and provided to recipients within approximately **45 days** of award
- Recipients will be expected to participate in CDC evaluation and performance management activities
- Recipients are **strongly encouraged** to use evaluation and performance measurement data at the local level to monitor, evaluate, and continuously improve program performance

Speaker: Nancy Habarta
DPPS, CSTLTS

Monitoring and Evaluation

- Recipients will be required to report **quarterly**, using standardized template in REDCap, on CDC defined performance measures

- CDC will also conduct a virtual compliance visit after **six months**, but before the end of the first year, from date of the award

Speaker: Nancy Habarta
DPPS, CSTLTS

Allowable Costs

- **Cost Principles**
  - 45 CFR Part 75: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards
  - Allowable, Allocable, Reasonable & Necessary
- **Direct Costs**
  - Costs identified specifically with aparticular award, project or program, service, or other organizational activity
  - Salaries, Fringe, Equipment, Supplies, Travel, Contractual/Consultants, Other
- **Indirect Costs**
  - Facility operations and maintenance costs, depreciation and administrative expenses
  - Current Indirect Cost Rate Agreement
  - De Minimus 10%

Speaker: Shirley Byrd
Office of Grants Services (OGS)

Unallowable Costs

- Research
- Clinical care, except where allowed by law
- Publicity and propaganda (lobbying)
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients: https://www.cdc.gov/grants/additional-requirements/ar-12.html

Required Reporting

Report Type	Frequency
Expenditure Reporting (REDcap)	Quarterly
Payment Management System (PMS) Reporting	Quarterly
Progress Reporting (REDcap)	Quarterly
Federal Financial Reporting Forms (PMS)	90 days following budget period
Final Performance (GMS) and Financial Report (PMS)	90 days following period of performance

Speaker: Shirley Byrd
Office of Grants Services (OGS)

Complementary CDC COVID Funding Opportunities

Funding Opportunity	More information	Funded Applicants
CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services Through National Partnerships to Improvement and Protect the Nation's Health	www.cdc.gov/publichealthgateway/partnerships/capacity-building-assistance-OT18-1802.html	39 national partners; see website for list
CDC-RFA-CK19-1904: 2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html	50 states, 4 cities, and 5 US territories, and 3 freely associated states
ELC Enhancing Detection Emerging Issues (E) Project: Funding for the Enhanced Detection, Response, Surveillance, and Prevention of COVID-19 – Supplement	www.cdc.gov/ncezid/dpei/elc/resources.html	
CDC-RFA-TP19-1901 Public Health Emergency Preparedness (PHEP) Cooperative Agreement	www.cdc.gov/cpr/readiness/index.htm	50 states, 4 cities, and 5 US territories, and 3 freely associated states
CDC-RFA-OT20-2004 Supporting Tribal Public Health Capacity in Coronavirus Preparedness & Response	www.cdc.gov/tribal/cooperative-agreements/tribalcovid-ot20-2004.html	364 federally recognized tribes and tribal organizations
CDC-RFA-DP21-2109 Community Health Workers for COVID Response and Resilient Communities (CCR)	www.cdc.gov/chronicdisease/programs-impact/nofo/covid-response.htm	*Currently being competed.

Questions?

- You may ask questions verbally or through the chat box.
  - If verbally, please use the 'raise your hand' function
  - When called on, please identify yourself and the eligible applicant you represent
  - After your question has been addressed,pleaseclick the raise hand button again to remove yourself from the queue
  - Questions and answers from the informational call will be posted no later than April 6, 2021

Q: Where can I find the information from today's call?

A: Today's presentation and Question & Answer Document will be posted on the OT21-2103 website in the next few days.

Q: What if I have questions after the call?

A: Email us at OT21-2103Support@cdc.gov and we'll work to respond within one business day.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.