CDC Rural Health Disparities Funding to LHDs - Summary Document

General/Work Plan	
Question	**Answer**
● Is this about the CLAS position funding or the Rural Health Disparities funding?	● The Rural Health Disparities funding
● Can we reallocate the CLAS/Health Equity/Social Epidemiology positions funding into our Rural Health funding?	● No
● Which LHDs are eligible to receive the Rural Health Disparities funding?	● Alleghany ● Blue Ridge ● Central Shenandoah ● Crater ● Cumberland Plateau ● Eastern Shore ● Lenowisco ● Lord Fairfax ● Rapp-Rapidan ● Mount Rogers ● New River ● Peninsula ● Piedmont ● Pittsylvania/Danville ● Rappahannock ● Southside ● Three Rivers ● West Piedmont
● What monies are available under the Rural Health Disparities funding?	● Each LHD listed above has received receive $255,121.00
● How can we access the Rural Health Disparities funding?	● Each LHD has received a COA specific to their Rural Health Disparities funding after you submit a work plan proposal

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● What does the Central office need from each LHD?	● The State Office of Rural Health requests that you submit a work plan proposal by or on 11/23/2021 at the link below ○ **https://redcap.link/CDCVR3**

● Is there a link to access information relevant to the Rural Health Disparities funding?
   ○ How often is this updated?
	● **https://www.vdh.virginia.gov/health-equity/state-office-of-rural-health-vr3/**
	   ○ Regularly - as soon as new resources become available.

● What is the project period?	● Project start date: June 1, 2021 ● Project end date: May 31, 2023
● Can a for-profit organization, CBO, etc., serve as a subcontractor to a prime contractor on this grant?	● You are encouraged to establish and/or supplement existing funding relationships with partners and CBOs that have experience working with communities most affected by COVID-19 and have the capacity to implement the selected strategies and activities outlined in the NOFO.
● How much focus should be placed on short-term deliverables directly related to COVID-19 and how much grant funding can we use to reduce vulnerabilities for future health events based on what we learned from COVID-19 (in addition to achieving the short-term results)?	● All strategies should aim to strengthen infrastructure and capacity in ways that both address disparities in the current COVID-19 pandemic and set the foundation to address future responses.
● Work plan: If one activity relates to more than one strategy, should I repeat the activity under the other strategies?	● It is possible that the activity on which your organization chooses to focus encompasses more than one strategy. If this is the case, do not duplicate or repeat information to align activities to multiple strategies.
● I have questions about the Rural Health Disparities funding. Who should I contact?	● PI: Henry Murdaugh, henry.murdaugh@vdh.virginia.gov ● Rural Health Division Director: Heather Anderson, heather.anderson@vdh.virginia.gov ● Rural Health Program Coordinator: Sarah O'Connor, sarah.oconnor@vdh.virginia.gov
● I have questions about the CLAS/health equity specialist position funding. Who should I contact?	● PI: Henry Murdaugh, henry.murdaugh@vdh.virginia.gov ● Acting Director, Division of MH & CE: Augustine Doe augustine.doe@vdh.virginia.gov

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Funding Questions: Allowable And Unallowable Expenses	
Question	**Answer**

- What can we spend the Rural Health Disparities funding on?	- In the *simplest* of terms:
	  ○ You may spend the Rural Health Disparities funding to
	    ■ Expand COVID-19 testing and contact tracing
	    ■ Improve data collection and reporting for testing and contact tracing
	    ■ Expand the infrastructure to improve testing and contact tracing
	    ■ Build community capacity for testing and contact tracing
	
	- Please refer to the related answer below (4 strategies) and to the document entitled "**CDC Rural Health Disparities Funding to LHDs - Work Plan Guidance: Strategies, Activities, Examples**" for greater detail and examples of what you can spend the funding on.

- What are the 4 strategies associated with the Rural Health Disparities funding?	Strategy 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 Strategy 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 Strategy 3 - Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved Strategy 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
- What are the funding restrictions/limitations associated with the Rural Health Disparities funding?	- Recipients may not use funds for research. - Recipients may not use funds for clinical care except as allowed by law. - Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

	- Recipients may not use funds to purchase furniture.
	- 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.

- UNALLOWABLE: Please define "clinical care" in the statement that prohibits funds for clinical care.	- Clinical care is defined as direct treatment of an individual.
- ALLOWABLE: Strategies 1 and 3 reference wrap-around services. Please provide some examples of "wrap around services".	- Wrap-round and supportive services costs may include, but are not limited to: transportation assistance (including incentives such as transportation vouchers) to encourage participation in testing and/or vaccination and quarantine and isolations support necessary to prevent the spread of COVID-19 (including hoteling, laundry, mental health services, etc.).
- ALLOWABLE: Since "expand testing" is listed as a desired strategy in the NOFO, I assume testing is not considered "clinical"?	- No, testing is *not* considered clinical care.
- Can funds be used for vaccination?	- Recipients may not use grant funds for vaccine administration. However, coordination activities that support vaccine administration are allowable.
- Can funding be spent on staff administering vaccines? Can funds be spent on staff supporting testing? Can funds be spent on test kits?	- Funding should not be used for administering vaccines but can be used for administrative support of vaccination and reporting. - Funding can be used for test kits and to support testing.

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• UNALLOWABLE: Would behavioral health services be considered clinical care?	• Behavioral health services, both in-person and remote, are considered clinical care.
• Clinical care is not allowed. How about chronic disease classes that would include screening (e.g., random blood sugar testing, A1C point-of-care checks, etc.) Will these be covered?	• Clinical care is defined as direct treatment of an individual. Chronic disease classes could be allowable as a public health intervention if they tie into the strategies and outcomes outlined in the NOFO.
• May some of the funding be used to address substance use disorder (non-clinical), which is among the social and economic consequences of COVID-19 for which we are deeply concerned?	• Funding from this opportunity should be used to: ○ Reduce COVID-19-related health disparities ○ Improve health department capacity and services in states, localities, territories, and freely associated states to prevent and control COVID-19 infection (or transmission) among populations that are at higher risk and underserved ○ Improve and increase testing and contact tracing among populations that are at high risk and underserved.
• UNALLOWABLE: Can the funds be used to provide telemedicine services?	• Awarded funds cannot be used for the actual execution of services but can be used to support the infrastructure and administration to support telemedicine.