

**New York State Department of Health**  
**Obesity Prevention Program, Division of Chronic Disease Control**  
**Obesity Prevention in Pediatric Health Care Settings**  
**Questions & Answers**  
**RFA # 0907231100**

***MODIFICATION TO THE RFA:  
APPLICATION DUE DATE EXTENDED TO***

***March 4, 2011***

**Clarifications to the RFA**

Please see Question 30 for a clarification regarding identification of a lead agency.

Please see **Question 48** for a correction regarding the use of **Standard Workplan – Objectives and Activities Format** (Attachment 8 of the RFA).

Please see **Question 49** for clarification of what it means to be an established organization located within the catchment area.

Please see **Question 50** for clarification of demonstrating the ability to provide the scope of work described in the RFA in health care environments and the capacity to work within and provide training to primary care clinicians.

Please note that **Attachment 4 – Application Cover** is revised. This version should accompany submitted applications.

Please refer to the **Pass/Fail Review Tool** that follows the Questions and Answers for required application criteria. If any of the required criteria receives a “No”, the review of an application will be discontinued.

*The responses to questions included herein are the official responses by the State to questions posted by potential applicants and are hereby incorporated into the RFA #0907231100 posted on November 15, 2010. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.*

**1.** Are Indian Tribes eligible to submit for the funding? Would the Seneca Nation be eligible or not?

**A:** Yes, Indian Tribes are eligible to apply for funding, providing they meet the requirements described on pages 8 and 9 of the RFA. Eligibility includes the type of applicant (Indian

Tribe, educational institution, hospitals, etc.), the capacity to meet stated eligibility requirements and the ability to demonstrate service to the entire catchment area selected (see pages 8 and 9, of the Request for Applications).

2. Is it correct that our application must encompass the entire region to which we are assigned? For us, this is Clinton, Essex, Franklin, and Hamilton.
  - A. The State Health Department recognizes four regions within the state: the metropolitan region, capital region, central region, and western region. **Catchment areas** include all 62 counties in NYS. Agencies may apply to serve more than one **catchment area**. In this case, an application must be submitted separately for each **catchment area**. Applicants should demonstrate how they will serve the entire **catchment area**; **catchment areas** cannot be divided. (Page 9).
3. Can we apply for the RFA as a statewide organization with statewide access to all participants? We would regionalize the training sites, but the actual program reach would be statewide, as would all support materials on our website. Therefore the training program would have a statewide design model and implementation plan. The RFA seems very locally based. Does that preclude a statewide approach?
  - A: Applicants can propose a single statewide program, however, an application must be submitted for each single **catchment area** to preserve and respond to the local needs of that catchment area.
4. We are considering submitting up to three (3) applications for three (3) different catchment areas. Will the Department of Health award multiple high-scoring applications, or will the award of a grant affect the likelihood of our receiving additional awards? (Reference Section II.B, paragraph 1, (“... an application must be submitted separately for each catchment area.”)
  - A: Applicants may submit three different applications for three different **catchment areas**. Applications for each region will be reviewed and scored separately. Contracts will be awarded to the highest scoring applicants in each region. (See page 10).
5. With two awards in the catchment area, would the two centers be split or share responsibilities?
  - A: In the event that two awards are made in one **catchment area**, it is expected that awardees work together with the NYSDOH to assess priorities and define specific areas to be targeted to ensure collaboration and minimize duplication of efforts.
6. Can we use any font type? What are the page margins?

**A:** Times New Roman typeface and one inch margins are recommended. However, format-related point deductions may only be given for using less than a 12 point font (one point deduction) or if the application exceeds 37 pages (two point deduction). The Budget and Attachments are not included in the 37 page limit.

**7.** Will collaborative submissions be accepted for this project? Since our organizations offer educational programs on a statewide basis, are we mandated to furnish four different submissions as we will, in effect, be proposing a single statewide program?

**A:** Yes, eligible organizations can collaborate on submitting an application or multiple applications for this RFA. **See answer 3 regarding statewide proposals.**

**8.** The RFP states that each contract will average \$100,000 (reference page 3) and up to nine contracts will be awarded (for total of \$900,000/year). Is there a maximum funding amount per award? For some catchment areas with large populations or high prevalence of overweight/obesity, can the contractor propose a larger budget?

**A:** Yes, the estimated annual funding amount per contract is \$100,000. Up to nine contracts will be awarded for an estimated total of \$900,000 per year. There are no accommodations for a larger budget (see page 10, of the Request for Applications).

**9.** If an applicant located in the Capital Region submits two applications to serve two catchment areas (4 counties: Clinton, Essex, Franklin and Hamilton and 5 counties: Fulton, Montgomery, Saratoga, Warren and Washington), there would be two separate contracts, each with a maximum funding level of \$100,000, aggregating up to \$200,000 for the 5 year project period? (Reference page 9, section B 'Catchment Areas and Estimated Funding')

**A: See answer to question #3.**

**10.** Please provide a more specific definition of the word "disability" in the phrase "prevalence of disability." Does the word indicate, generally, school-age disabled population or, perhaps, the pediatric (child and adolescent) overweight and obesity population, including those with disabilities? Are those physical/medical or even mental/emotional/ learning disabilities? Or is it of another definition?

Might the catchment area also include statistics regarding pregnant women and maternal health?

As noted in the RFA, catchment area characteristics are to include educational, income, and racial subgroups yet, in terms of health status, shall catchment area characteristics also

include any of the following: statistics regarding inactivity, poor nutrition, television viewing, morbidity/mortality rates and/or associated diseases and conditions, including heart disease, hypertension, diabetes, cancer, arthritis, sleep apnea, respiratory problems, and breastfeeding/reproductive complications? (Reference RFA content, page 4 (“Twelve percent of the school-age population has one or more disabilities. Children and adolescents who have one or more disabilities are more likely to be obese than their peers without disabilities...”) and on page 5 (“...increase breastfeeding initiation, duration and exclusivity...increase provider’s early recognition of excess weight gain among pregnant women...”). The definition also affects various areas of project deliverables, including as referenced on page 11 (“...training to ensure cultural competence and to address children and adolescents with disabilities...”), on page 25 (“the make-up of the patient population including race, ethnicity and children with disabilities...”), on page 26 (“Fully describe methods and strategies...children and adolescents with disabilities...”), and on page 27 (“...describe how the counseling will be culturally appropriate and adapted, if necessary, for children with disabilities...Contractors are expected to give priority to HCPOs/PCPs serving low-income populations, racial ethnic minorities and children with disabilities...”).

**A:** See the “Americans with Disabilities Act of 1990”:

<http://www.ada.gov/pubs/adastatute08.htm#12102>

The applicant should describe their population using available state/local data to describe their **catchment area**. The characteristics listed in the question are ways in which you can describe the population in your **catchment area**.

**11.** What is the definition for “medical office detailing,” as it is used on page 11?

**A:** For the purpose of this RFA, the term “medical office detailing” refers to an educational outreach practice often characterized by face-to-face informal educational visits to healthcare providers to provide information and material to improve care processes and health outcomes.

**12.** Is there a specific definition for a HCPO/PCP (reference page 10)?

**A:** Yes, definitions for Health Care Provider Organization/Primary Care Practice are located on page 78, of the Request for Applications.

**13.** For catchment areas with multiple counties, will the contractor need to work with providers in all areas in year one or in all areas over the five year project period?

**A:** For year one, the applicant will determine the number of providers to work within the **catchment area**. Applicants should define how HCPOs/PCPs will be prioritized to maximize

reach during the first contract year. Additional cohorts of HCPOs/PCPs should be recruited in years 2-5. It is expected that the applicant will work with health care providers in all counties of the **catchment area** over the 5-year contract period.

**14.** Is there any expectation of training/education or activities related to increasing provider skills/strategies for more parental involvement or addressing overweight/obesity with parents?

**A:** See pages 11-13, 'Project Deliverables', of the Request for Applications.

**15.** If a contractor is working with a healthcare provider network that covers multiple catchment areas (such as Manhattan and the Bronx), will a separate application be required for each area or would it be possible to submit one?

**A: See answer to question #3.**

**16.** Please provide a list of the other obesity prevention in health care settings funded contractors mentioned on page 16 of the RFA.

**A:** The other Obesity Prevention in Health Care Settings funded contractors are those that will be selected through this application process.

**17.** Is there a preference for the Principal Investigator to be an M.D. or Ph.D.? (Reference page 15).

**A:** There is no preference for the Principal Investigator to be either an M.D. or Ph.D. (See page 15).

**18.** How many days will the annual, face-to-face meeting in Albany be?

**A:** One, one-day meeting in the Albany area during the initial 1-year contract period should be anticipated. (See page 29, of the Request for Applications).

**19.** The RFA gives examples of hospitals, educational institutions, insurers, professional organizations, etc., as those organizations eligible to apply (Section II, Part A, and paragraph 1). Morris Heights Health Center is a community health center so it is unclear whether this applies to us. We are a nonprofit community health center with multiple sites (including 9 school-based health clinics). We have 44 providers who see pediatric patients. If providing education and training to our providers is not sufficient for the scope of the grant, we are prepared to partner with other health centers and/or provider groups that we have relationships with. Would we be eligible to apply?

**A:** Yes. (See pages 8-9).

**20.** Our project is conducted with community health centers. Is it acceptable if we have written agreements/contracts *only* with our community health centers in the catchment area, and not other types of health care providers? (Reference Section II.A, paragraph 7, (“Applicants are encouraged to provide written agreements with local health care institutions...hospitals, community health centers, insurers...”))

**A:** Health care institutions include hospitals, community health centers, insurers, physician groups, and private physician practices. Recruitment should give priority to HCPOs/PCPs that serve low-income populations, racial and ethnic minorities, and persons with disabilities, to ensure that these patient populations at high risk are included.

**21.** Are we required to train all clinicians and staff at each community health center we contract with? If so, can training be carried out through Webinars? (reference Section III.A/Project Deliverables/Clinician and Office Staff Training)

**A:** See page 11, of the Request for Applications. Educational methods can also include Webinars.

**22.** This section states that recruitment and expansion of health care sites must continue for the 5-year life of the grant. If, by year 3, we have contracted with all community health centers within the catchment area, would this affect our funding in the last 2 years of the grant period? (reference Section III.A.2/Partnering Building, System Implementation and Maintenance)

**A:** Expected funded activities continue throughout the five-year funding cycle. Each year of the five-year funding cycle, funded contractors are expected to reach and work with HCPOs and PCPs in their designated catchment areas in three distinct phases: Recruitment and expansion, Systems Change and Maintenance. All three phases must be synergistically aligned within the proposed project. (See page 13).

**23.** How does the Department of Health know where there is an obesity crisis in children and adolescents in New York State? What markers/outcome studies are being used for that determination, i.e., what markers would we measure our results against?

**A:** See page 14 for ‘Expectations of Evaluation and Reporting’.

**24.** Do the demographics of all the counties in the region have to be included in the application, even though the catchment area will be awarded to two applicants? (reference page 9, 10 Section B, ‘Catchment Areas and Estimated Funding’).

**A:** The applicant needs to describe the characteristics of the **catchment area** and population. (See page 24, ‘Statement of Need’ of the Request for Applications).

**25.** In reference to applicants demonstrating significant reach into the health care community for 5 years, would this have to include each of the counties in the catchment area? Institutions generally have an extensive reach, but not to such a vast number of counties such as those included in each catchment area. (Reference page 9, second paragraph)

**A:** Applicants needs to include each of the counties that are located in the **catchment area**.

**26.** Would the grant require the equivalent of a full-time staff person, or would it require one full-time staff member? The RFA does not specify. (reference page 25, Section III, 'Agency Capacity and Experience', number 4).

**A:** The grant does not require the equivalent of a full-time staff person or one full-time staff member. See page 15 for staffing requirements.

**27.** Is the 10% indirect cost included in the \$100,000 allowed per year?

**A:** Yes, the 10% indirect cost is included in the \$100,000 estimated annual funding amount per contract.

**28.** Can the geographic areas as defined in the RFA be combined?

The counties in the two regions (Region 1. Dutchess, Sullivan, Ulster & Region 2. Putnam, Rockland, Orange and Westchester) have worked collaboratively together on many different programs and have successfully received grants to address regional health issues. We are looking to apply for this grant and felt that a unified application is better than competing against each other.

**A:** Applicants can propose a single program that covers multiple **catchment areas**; however, an application must be submitted for each single **catchment area** to preserve and respond to the local needs of that area.

**29.** If the two region's counties were allowed to apply as one can it be expected that the funds will be doubled?

**A:** See answer to question #3.

**30.** After reviewing the section of the application regarding eligibility requirements and catchment areas, it was unclear on how many applications would be required for each county that is listed in the catchment areas. Since Nassau County and Suffolk County are

grouped together in the same catchment area, would both the Nassau and Suffolk County Departments of Health be required to submit two separate RFA's? Or would both DOH's be required to collaborate on completing one RFA for "Nassau/Suffolk" catchment area of the Metropolitan Region?

**A:** Applicants submit one application for each **catchment area** (e.g., one application for Nassau and Suffolk counties). County health departments may collaborate, complete and submit one application for all counties in the **catchment area** or either county health department may submit one application, but that application must cover the entire **catchment area** (both Nassau and Suffolk counties). In the application for the catchment area, designate the lead agency.

**31.** Our catchment area includes Suffolk County. Does that mean we have to partner with Suffolk DOH? Is Suffolk DOH applying to this grant as well? Can we partner with North Shore for example which serves some hospitals in Suffolk, but not all?

**A:** In the Metropolitan region, the catchment area referenced is Nassau and Suffolk counties. Eligible applicants may choose to partner with local organizations to reach the entire **catchment area**. (See page 8, Eligibility Requirements of the Request for Applications).

**32.** Is this grant available for for-profit business educational organizations?

**A:** For-profit business, educational organizations are not eligible to apply for this funding opportunity (See page 8, 'Eligibility Requirements').

**33.** Will there be a coordinating center for these 9 centers?

**A:** There will not be one coordinating center; however, all centers are expected to work collaboratively with other funded centers and NYSDOH. (See pages 14 and 15, 'State and Regional Capacity Building, Collaboration and Planning').

**34.** Can an application or group serve as a regional group to deliver the grant AND be a coordinating center?

**A:** One group or organization may apply for multiple **catchment areas**. One application must be submitted for each **catchment area**. In the event that one group applies for and receives awards for multiple **catchment areas**, the applicant may use a coordinating center or other methods to oversee multiple awards.

**35.** If only 1 center in a region is awarded can they get additional dollars that weren't used for their region?

**A:** In the event that there is no applicant with a passing score or any applicants in any of the regions, the Department reserves the right to award the next highest scoring applicant. If additional funding becomes available for this initiative, additional projects will be funded. Any additional awards will be made to the next highest scoring applicant regardless of region. (See page 10).

**36.** Can you provide the names and contact information for the 3 Centers of Excellence that were funded by the NYS DOH about 3 years ago? They seem like they could be a good resource to partner with.

**A:** The Research Foundation of the State University of New York and New York – Presbyterian Hospital.

**37.** Can grants have more than \$100,000 in a single year for specific needs at the start?

**A:** See answer to question #8.

**38.** Will grantees be required to have parents or patients involved on their teams?

**A:** An important corner stone of any quality improvement initiative involves engaging parents and patients as partners.

According to the National Initiative for Children’s Healthcare Quality (NICHQ) recommendations, “making improvements in healthcare requires resources, support, time, and knowledge. The knowledge needed to improve the system comes from many disciplines, requires many views, and we believe should include, if not be driven by, the needs and experience of those we serve.”

[http://www.nichq.org/how\\_we\\_work/family\\_engagement.html](http://www.nichq.org/how_we_work/family_engagement.html)

**39.** Can the DOH provide a list of services and/or providers for referral for pediatric weight management? It seems like this is a required part of the training, yet our experiences have shown there are very few referral services and this is a significant barrier to providers wanting to participate in such training and even addressing obesity in their office.

**A:** In each year of the five-year funding cycle, funded contractors will participate in state and regional capacity building, collaboration and planning to contribute to the development of resources and services at the state and regional levels. (See page 15, Community Resource Strategies and Health Care Systems Development).

See link to obesity statistics and prevention activities by county:

<http://www.health.state.ny.us/statistics/prevention/obesity/index.htm>

See link to descriptions of New York State Department of Health Programs addressing physical activity and nutrition:

[http://www.health.state.ny.us/prevention/prevention\\_agenda/physical\\_activity\\_and\\_nutrition/index.htm](http://www.health.state.ny.us/prevention/prevention_agenda/physical_activity_and_nutrition/index.htm)

**40.** Will the DOH ask/solicit third party payers to cover weight management referral services in response to this RFA?

**A:** No, the Department will not solicit third party payers to cover weight management referral services in response to this RFA.

**41.** On page 10, there is a table listing four geographical regions, with counties grouped into horizontal sections that seem to be geographically oriented; there is also more than one grant available per region - does this imply that applications for a program that serves a subgroup of the total list of counties in a region are to be considered? Specifically, the entire "Capital" region covers an area that reaches nearly from Canada to Pennsylvania, much of which is very remote - is the intention to subdivide this to more serviceable areas?

**A:** The Capital Region consists of the following 3 **catchment** areas/counties:

1. Clinton, Essex, Franklin, Hamilton
2. Fulton, Montgomery, Saratoga, Warren, Washington
3. Albany, Columbia, Delaware, Greene, Otsego, Rensselaer, Schenectady, Schoharie

Applicants can apply for one or more **catchment areas** within the region. A separate application is required for each **catchment area** within each region. (See page 11).

**42.** Second, also on page 10, can you define the phrase "applicants funded under this RFA will provide outreach" in terms of physical presence on-site to provide training and technical assistance across a region, or can "outreach" be interpreted as utilizing distance learning technology such as internet-based tools and/or telemedicine connectivity?

**A:** Applicants may use multiple education and outreach methods including but not limited to medical office detailing, webinars, meetings and conferences (see page 11).

**43.** We have been confused about the definitions of the catchment areas in the RFA. Can an individual county be considered a "catchment area"? Or, is it the intention that

Schenectady, when writing the proposal also include the other 7 counties in our “line” on page 10 as a single catchment area?

**A:** See answer to question #2. (See page 10, of the Request for Applications).

**44.** Are there fill-able forms for the RFA?

**A:** No, there are not fill-able forms for RFA #0907231100 “Obesity Prevention in Pediatric Health Care Settings.”

**45.** Is a CV or resume required with the application for personnel named in the study?

**A:** No, a CV or resume is not required for named personnel. (See page 25, Section III: ‘Agency Capacity & Experience’, 1-6).

**46.** Is it required to have a five year minimum history in providing training and technical assistance (See page 9)?

**A:** No, a five year minimum history in the provision of training and technical assistance regarding the design and implementation of health care systems which support health behavior risk reduction is not required either in length of history nor in order to be funded.

**47.** When reading the budget guidelines for the project I noticed that a \$100,000 limit has been put into place for each year. Since the project budget is for 18 months for year 1 is it possible that the year 1 budget is capped at \$150,000?

**A:** Yes. Annual (12-month) funding estimated per contract is \$100,000. Annualized funding for an 18-month period per contract is estimated to be \$150,000.

**48.** The RFA states that a two-year period is to be used for Attachment 8, but an 18-month budget is requested. Should Attachment 8 match the requested budget?

**A:** Yes. Use Attachment 8 – Standard Workplan – Objectives and Activities Format to represent work in the first 18-month period (October 1, 2011 through March 31, 2013) and the second 12-month period (April 1, 2013 through March 31, 2014).

**49.** Can you clarify what it means to be an established organization located within the catchment area to be served?

**A:** This answer represents a change in RFA language. In the Eligibility Requirements section on page 8 of the RFA, there is a statement that currently reads, “To be eligible to apply, an applicant must be an established organization located within the catchment area to be served (catchment areas are listed on pages 9-10).” In an effort to expand applicant eligibility, this statement has now been revised to read, “Applicants must be an established organization operating within the catchment area to be served. Evidence of operation within the catchment area may include current and ongoing provision of services, the

existence of a sub-contractual relationship within the catchment area, or membership in a collaborative effort serving that catchment area. Applicants are no longer required to be physically located within the catchment area to be served; only operating within the catchment area to be served.”

**50.** Are applicants required to demonstrate 1) their ability to provide the scope of work described in the RFA in health care environments, and 2) their capacity to work within and provide training to all health care environments, including primary care clinicians primarily serving children and adolescents, in all counties of a catchment area?

**A:** This answer represents a change in RFA language. In the Eligibility Requirements section on pages 8 and 9, there are statements that currently read, “Applicants are required to demonstrate their ability to provide the scope of work described in this RFA in health care environments including primary care settings within the catchment area” and “Because the majority of children and adolescents will visit primary care clinicians, the contractor is required to demonstrate effective capacity to work within and provide training to this segment of the health care community.” In both instances, applicants will be scored on their ability to provide the scope of work of the RFA and their capacity to work within and provide training to all health care environments.

**51.** Will the due dates be modified for this RFA?

**A:** Yes, the application due date is extended to March 4, 2011.