

RFA #1302120330  
Healthy Neighborhoods Preventive Health Cornerstones  
Questions & Answers & Modifications

**The following has been updated/modified in the RFA.**

Page 7 – III. Project Narrative/Work Plan Outcomes – A. Expectations of Project

#1. - 4<sup>th</sup> sentence: “Applicants should provide a time line for each activity to be accomplished for the first 18 months of the project.”

Sentence has been modified as follows: **“Please submit a time line for each activity to be accomplished for the first 12 months of the project.”**

Page 15 – E. How to file an application

“Applicants shall submit one (1) signed original application and (3) three copies.”

Sentence has been modified as follows: **“Please submit one (1) signed original and four (4) additional copies.”**

Page 17 – H. Payment & Reporting Requirements of Grant Awardees

Last paragraph/sentence: “All payment and reporting requirements will be detailed in Appendix C of the final grant contract.”

Sentence has been modified as follows: **“All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Grant Contract.”**

Page 21 - #5. Budget/Cost Sheet

The 1<sup>st</sup> paragraph, 2<sup>nd</sup> sentence states: “Complete all required Budget Pages (Attachment 6).”

Sentence has been modified to: **“Complete all required Budget Pages (Attachment 5).”**

## QUESTIONS & ANSWERS:

1. Is there a cutoff point regarding where we visit and whom we help?

**Answer:** Yes. The programs should restrict their activity to a selected target area(s). So there is a geographic cut off. However, in small towns and communities of less than 20,000 a town by town approach may be used. For example, over a 5 year grant cycle, each quarter a different town may be approached until all homes in the county have been canvassed. On page 19 of the Request For Applications (RFA), it asks that you include a map. Target areas should be a reasonable size according to page 19 of the RFA. Reasonable means they are approachable on a door-to-door basis during the projected time frame.

2. Is the cutoff by income?

**Answer:** No. All dwellings within a target area are eligible for assistance. There is no need to check income. New homes in small towns and counties may be skipped to concentrate on older housing. Working class families will often not be home during the day when Healthy Neighborhoods staff is conducting their canvassing.

3. Is the cutoff at the poverty level? Or, 140% of poverty? Or, 133% of poverty?

**Answer:** No. When deciding target areas, the WIC guidelines are 185% of poverty, and the RFA Part V Section C. Review Process 1. Documentation of Need asks for percent of children at or below 200% of poverty - see pages 22-23 of the RFA. The WIC guidelines for 2013 were \$42,643 for a family of four and a little higher for 2014. Either guideline may be used. Both the family income and the percent of children in poverty are used in the documentation of need section of the Request for Applications.

4. If we can only get 2000 census data should we use that?

**Answer:** We believe more recent census data is now available – please use the newest data available ([www.census.gov/2010census/data/](http://www.census.gov/2010census/data/)).

5. Is asthma a large part of the program?

**Answer:** Yes. Paragraph 3, on page 3, shows that asthma is 25% of the program. The other 75% is residential injury prevention, childhood lead poisoning prevention, and prevention of exposure to indoor air pollutants.

6. Are we writing something for Healthy People 2020?

**Answer:** The short answer is yes. On page 3 paragraph 3 of the Request for Applications it says that Healthy People Goals should be used to set benchmarks. See also page 11 Section C of the Request for Applications for more references to Healthy People 2020.

7. What is the “door to door” strategy? How do we implement it?

**Answer:** Healthy neighborhoods has a “neighborhoods” focus. We believe that there is a large benefit to improving housing within a smaller geographic area. The use of a door-to-door approach gives an improved benefit, especially for neighborhood sanitation efforts like rodent control. Every single dwelling may not need to be visited, but it is best to approach as many units as possible especially within multi-unit dwellings. You may start with an external survey of a block from one end of the street to the other, noting external housing hazards. Vacant buildings may need to be boarded up and would warrant a referral to the housing code officer, mayor’s office, or other appropriate official. If there is a large building or housing complex, you may spend an entire quarter doing internal assessments and interventions in the same building or complex.

8. Can we access the Healthy Neighborhoods Program on the New York State Department of Health website?

**Answer:** Yes, just type “Healthy Neighborhoods” into the search box on the top right of the NYSDOH website’s home page. There are also links to many, if not all, of the current local health departments that have a Healthy Neighborhoods Program.

9. A) How can we gain access to a building with more than one housing unit?

**Answer:** If a building is in your target area, you may access additional units in a multiple housing unit.

B) May we get a referral from the lead program of the presence of a child with lead poisoning and then assess other units in the building?

**Answer:** Yes. Other housing units in the same building may also be at risk for deteriorated lead based paint.

10. May we get a referral of someone with uncontrolled asthma, adult or child in the building and then assess other units in the building?

**Answer:** Yes. Referrals may be an efficient way to approach the housing of asthmatics.

11. What are some examples of targeting strategies used by other counties in the past?

**Answer:** Some counties have done presentations at senior centers and seniors request a home visit at that time. They could also be scheduled at the end of the presentation or the person requesting the visit may be called back. Visits should be grouped to access homes near each other to cut down on travel time.

12. Is there a minimum number of successful encounters that we have to commit to?

**Answer:** No. There is not a minimum number of successful home assessments that you have to commit to. The Request For Applications is a competitive process. For example: In the 2013 grant year, some counties approached 2400 dwelling units, completed 916 initial assessments, completed 405 revisits, and visited 230 homes where at least one asthma assessment form was filled out. Cost effectiveness must also be considered. The more visits that are completed, the more cost effective a program is.

13. Can we limit our intervention to certain groups, age specific or health outcome specific?

**Answer:** No. A program needs to address all four aspects of the Healthy Neighborhoods program. It is acceptable to develop expertise in a specific area, based on the needs of the targeted community. For example, the program has to address the needs of all age groups and not focus on children only.

14. On page 19, a limit of 4 census tracts per year is recommended. Can we change neighborhoods each successive year?

**Answer:** Yes.

15. Will changing neighborhoods each year affect outcomes?

**Answer:** A revisit should be done 90 days after the initial assessment to determine outcomes. At the beginning of a new grant year, staff may return to a former target area to complete revisits.

16. Four focus areas are listed on page 4 and the Healthy People 2020 objectives are used as measures of these areas (residential injury, childhood lead poisoning, asthma hospitalization, and indoor air pollution). In the documentation of need, only incidence of residential fire is mentioned.

**Answer:** On page 22 of the RFA under “Documentation of Need and Problem Identification”, it does state that “This baseline data should quantify the extent of childhood asthma, childhood lead poisoning, residential injuries including fires and fire deaths, and indoor air problems. The costs to the community of these problems should be documented as well. This data is best if specific to the targeted area.” Below that are suggested documentation that should include measures of specific indicators.

17. Is referral to substance use service an acceptable activity?

**Answer:** Yes. Substance abuse is considered a risk factor for injury and poor health. This should be built into the injury section in your application.

18. What titles are used to do home assessments?

**Answer:** Titles that can be used are: community health workers, public health educators, environmental health technicians, and sanitarians. There may be other appropriate titles, as well.

19. What kind of documentation do we need for referrals?

**Answer:** On page 1 of the Home Intervention form (Attachment 6) there is a place to document if the home visit was from a referral or a neighborhood canvas. Throughout pages 3 and 4 of the Home Intervention form there are spaces to document referrals.

20. Do you expect grantees to determine whether the family acted on all referrals?

**Answer:** No, follow up is not required for all referrals. Page 8 of the Request For Applications indicates revisits are to be initiated on a minimum of 25% of those dwellings that received an initial interview. The revisits should not be chosen randomly, though. Revisits should be done at the housing units with the most severe problems, such as asthma triggers.

21. Are these family assessments or assessments of the index child? Some of the questions on pages 9-10 are very adult focused.

**Answer:** The assessments are intended to be focused on the housing. For example, during a revisit, if a family has moved, a new home assessment would need to be started for the original assessed dwelling. When we refer to the respondent we are referring to a responsible adult. An interview should not be conducted if there are no adults at home. Persons with asthma should include adults.

22. Do we have to make sure that the 25% who receive the revisit is made up of both asthma and non-asthma cases?

**Answer:** Page 4 reads "Priority shall be given to homes where someone has asthma". If asthma cases have had a revisit and the program is not up to 25% revisits then non-asthma cases may be visited to complete the 25% requirement.

23. How have other counties dovetailed HNP with other DOH funded programs like primary prevention?

**Answer:** It is acceptable for counties to integrate the lead poisoning programs and the Healthy Neighborhoods Program. However, care must be taken to keep careful track of the funding between the programs. For example, counties with multiple programs such as Childhood Lead Poisoning Primary Prevention can make referrals to the Healthy Neighborhoods Program when conducting a home assessment. Often staff are split funded by both programs to assist with program efficiency. As stated on page 21, project funding cannot be used to supplant existing personnel service.

24. If we order work to be done rather than refer environmental interventions, can we do that as a part of HNP?

**Answer:** No. The Healthy Neighborhoods has no specific regulatory authority. This program is designed to provide education and interventions to residents regarding environmental issues and recommend preventive measures to help achieve healthy homes. In addition, information on agencies and services that can assist the residents should be provided. However, if a county has enforcement authority through other associated program activities, it is acceptable to make an in-house referral. Examples include referrals to the lead poisoning program or a rodent control program.

25. Are indirect costs permitted?

**Answer:** Yes, but you do not list the costs as indirect. They should be listed as administrative costs and must be identified and shown in line item detail, not as a percentage of total costs. These charges are for things such as percentage of office space for the staff funded by the HNP grant or chargeback for Attorney or Clerical services, etc.

26. Is there more recent NFPA data than 1999?

**Answer:** On page 11 of the RFA, the fire death prevention target is listed as 0.86 deaths per 100,000. And, baseline in NYS for 2009 was 1.01 deaths per 100,000.

27. What references were used for these fire death statistics?

**Answer:** Healthy People 2020 for the target and the NYS Division of Homeland Security and Emergency Service's Office of Fire Prevention and Control Statistics ([www.dhSES.ny.gov](http://www.dhSES.ny.gov)) was used.

28. Can a staff working on the HNP grant be assigned for a portion of any given day to a WIC site to solicit participation in HNP?

**Answer:** Yes, this would be considered a part of the referral program as long as the people they are reaching out to live in the targeted areas. We recommend this activity take place within a targeted area.

29. What is an environmental justice community (see 2<sup>nd</sup> paragraph on page 3 of introduction)?

**Answer:** Environmental justice means the fair treatment and meaningful involvement of all people regardless of race, color, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies. Fair treatment means that no group of people, including a racial, ethnic, or socioeconomic group should bear a disproportionate share of the negative environmental consequences resulting from industrial, municipal, and commercial operations or the execution of

federal, state, local, and tribal programs and policies. For further information see the NYS Department of Environmental Conservation website at:  
<http://www.dec.ny.gov/public/333.html>

30. How do you propose that programs account for inflation of salaries/benefit and supplies in each of the five – one year budgets?

**Answer:** You may use a percentage increase for your salaries, but you cannot exceed the total amount requested for the year one budget. Any modifications to the budget that may be required for any other years of the resulting contract(s) would be addressed annually and are subject to prior approval of the Department. (Keeping within the approved total budget.)

31. The amount requested in year one may be less than in year 5. Should the combined total of all 5 budgets be the sum requested in the application for the full 5 years or should the amount requested only be for year one?

**Answer:** No. Due to funding limitations, each year's budget total must be the same. There will not be increases in budget years 2 through 5. Annual funding will not allow an increase in the budget for subsequent years.

32. Activities for first 12 months – should the number of total visits over the 5 years be stated in the proposal and then just the activities planned for the first 12 months discussed?

**Answer:** Program activities should be discussed for the first 12 month period along with the number of visits for the first 12 month period. For each year thereafter (years 2-5) an annual workplan will be submitted outlining your program activities and number of visits which will be approved by program staff.

33. What is the acceptable cost per visit? Does this cost per visit exclude administrative costs or is NYSDOH looking at the entire grant expended (not awarded) to calculate cost per visit?

**Answer:** There is no defined acceptable cost per visit. Programs should make every effort to minimize the cost per visit. The cost per visit includes all administrative and other program costs.

34. Does the budget count in the 20 pages?

**Answer:** No. On Page 21 Section B of the RFA it states that the cover page, budget, table of contents and attachments are not included in the 20 pages.

35. Do you want a breakdown of items times the quantity in the budget?

**Answer:** Yes.

36. What is the preferred format for submission of environmental and population risk factors for the Healthy Neighborhoods Application? Am I correct that statistical charts and reference maps are preferred to narratives?

**Answer:** Maps and charts are helpful in describing a target area(s) and can be included as attachments. These attachments will not be counted toward the 20 page limit. A narrative description of the target area(s) should be used to justify the selection of a target area(s) and will be counted towards the page limit.

37. What time is the application due on 12/16/13?

**Answer:** Close of Business – 4:45pm.

38. If an application is mailed to the address specified via overnight mail but is delivered to the mailroom, how will we ensure that it is received in Room 1629 by the deadline? If we have a delivery receipt by 12/16/13, is that sufficient?

**Answer:** All overnight mail is delivered directly to our office on the day received. If for some reason it is delivered the following day, the date it was overnighted will be reflected on the receipt and the application will be accepted.

39. Will the Application Attachments (Checklist, Cover Sheet) be provided in Word format?

**Answer:** You can request all attachments in word format by sending an e-mail to Pat Burl at [pab04@health.state.ny.us](mailto:pab04@health.state.ny.us).

40. Is a Table of Contents required (RFA page 21)?

**Answer:** Yes. The Table of Contents is required but is not included in the 20 page limit of the application.

41. Are there any minutes or reference materials from the Conference Call on October 28<sup>th</sup> for those who missed the call?

**Answer:** The conference call was based on questions and answers. There were no reference materials provided.

42. Page 7 of the RFA indicates the involvement of at least three other community, government or faith-based organizations in the development and implementation of this project is a requirement of the application. Are letters of support required from these outside organizations? If yes, will the letters count toward the 20 page limit?

**Answer:** No, letters of support are not required from the outside organizations. However, as stated in the RFA on page 7, your application must include a description of these other agencies, their role in the Healthy Neighborhoods Program, and how these agencies and the program will interact. A medical support network in the community

should also be identified. If you receive letters of support, you may include them in your application as an attachment and they will not count toward the 20 page limit.

43. Page 8 of the RFA, #3, Description of referrals to other agencies. Are letters of support allowed? If yes, will they count toward the 20 page limit?

**Answer:** The RFA states that the narrative should detail how these referrals will be conducted and what follow-up activities will be performed to determine if the services were provided or offered, as well as, actions taken by the HNP if the referral is not acted upon and the issue poses a serious health threat. If letters of support are received, you may include them in your application as an attachment and they will not count toward the 20 page limit.

44. Is Attachment C – Work Plan a required part of the application? Or is it shown as an example of what is required at grant contract?

**Answer:** The Attachment C – Workplan is an example from the NYS Master Grant Contract. Once grants are awarded, the selected contractors will be required to submit a workplan on this template as part of their contract package.

45. Is a local cost-share or match required?

**Answer:** No.

46. RFA, page 21, #5 states “Budgets are to detail DOH funding only.” If in-kind services will be provided, should the dollar amounts be shown in the Budget forms (Attachment 5)? There is a column for “Match Funds” in Attachment 5.

**Answer:** The funds you are requesting from the NYS Department of Health should be reflected in the “Grant Funds” column. If you choose to show in-kind services, the dollar amounts should be reflected in the “Other Funds” column. This grant does not require Match so the “Match Funds” and the “Match %” columns should be left blank. The budget forms were designed to accommodate all contracts with the State of New York regardless of match funds or not.

47. Can supporting documentation be attached, such as a map of the target area, statistical information or a timeline? Will they count towards the 20 page limit?

**Answer:** Yes, supporting documentation can be attached and will not count towards the 20 page limit.