HealthyNYC Learning Collaborative RFP

Questions and Responses

1) Q. I am inquiring about the indirect rate policy at the Fund for Public Health in New York.
   Can we assume that we can use our NICRA rate, as per the [Indirect Cost Rate Initiative](#) direction in the New York City Government web page?

   A. Yes, applicants may budget using their federally approved Negotiated Indirect Cost Rate Agreement (NICRA) or the 10% de minimis rate when the applicant does not have an approved NICRA.

2) Q. Should fringe and indirect costs be included as other costs or should they be incorporated into the unit costs? The budget template does not specify where to include fringe and indirect costs.

   A. Fringe and indirect should be listed on the budget template as Other Costs.

3) Q. Will NYCDOHMH/FPHNYC be making available stipends for community and health care provider participation in the Learning Collaborative? Or would that be the responsibility of the awardee? Are funds able to be used for this purpose? We see this as essential for engaging community members and providers in any learning activity.

   A. Applicants are encouraged to include plans for incentivizing participation in their proposal and budget. Stipends and other types of incentives are considered allowable expenses.

4) Q. Is the page limit for the RFP 12 pages or 10 pages? Page 9 of the RFP notes, "Proposal narrative may not exceed twelve (12) single-spaced pages. Any text exceeding the 10-page limit will not be reviewed and evaluated."

   A. The page limit for the narrative section is 12 pages. The typo has been corrected in the RFP.

5) Can you clarify the difference between convenings and the learning collaborative?

   A. Learning Collaboratives involve bringing together teams from different organizations and using experts to educate and coach the teams in quality improvement, implementing evidence-based practices, and measuring the effects, as described in the Journal of Behavioral Health Services & Research - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9935679/

   For purposes of this project, the Learning Collaboratives are intended to be 12-month initiatives focused on at least one of the HealthyNYC drivers or a strategic combination of two or more drivers. Each Learning Collaborative will include a series of learning sessions with coaching calls, technical assistance, or other similar activities between sessions to maintain momentum and provide support to participants to ensure goals are being achieved. Convenings are in-person

learning sessions that bring together all participants of the Learning Collaborative. Each Learning Collaborative is expected to have multiple convenings.

6) Q. What does the application mean by at least two learning collaboratives? Is that two events or two drivers? Later on it says each learning collaborative is 12 months and a minimum of 2 is required.

A. For purposes of this project, the Learning Collaboratives are intended to be 12-month initiatives focused on at least one of the HealthyNYC drivers or a strategic combination of two or more drivers. Each Learning Collaborative will include a series of learning sessions with coaching calls, technical assistance, or other similar activities between sessions to maintain momentum and provide support to participants to ensure goals are being achieved.

A minimum of two (2) Learning Collaboratives is required, each focused on different drivers or combinations of drivers. However, applicants may also propose additional Learning Collaboratives in order to address more or all of the drivers. As per the RFP, strategically grouping or otherwise limiting the number of drivers based on budget/time constraints is acceptable; however, preference will be given to applicants who present a plan that is able to tackle the most drivers of loss in life expectancy.

7) Q. Can you continue a collaborative for over 12 months as long as you start the other one? Can you implement two from the beginning?

A. Yes, applicants can propose to continue the Learning Collaboratives for longer than 12 months. However, time should be reserved at the end of the project period to complete the evaluation.

DOHMH is open to having the Learning Collaboratives run concurrently or with staggered terms. A project timeline should be included as part of the Project Workplan.

8) Q. To what end are we convening the learning collaboratives: policy change, community organizing, common interventions, education? All?

A. The goals of the HealthyNYC Learning Collaborative are to:
- Support stakeholders to coordinate and strengthen their impact through aligning their work around the evidence-based priority strategies identified in the HealthyNYC strategy maps. The strategy maps are under development with a tentative July 2024 launch; they will include cross-sector (government, community, healthcare) activities that will have the most impact on reducing mortality for each driver.
- Create processes and tools that are embedded in the NYC Health Department and stakeholder organizations to ensure the long-term sustainability of this project.
- Amplify and strengthen the HealthyNYC campaign by integrating key strategies into stakeholder organizations and supporting them to elevate HealthyNYC messages throughout the city.

A significant focus of the Learning Collaboratives will be on implementation of evidence-based strategies that will reduce mortality.

9) Q. Is climate change something to include/prioritize as part of the application (included in HealthyNYC plan under "Health in the Bigger Picture" but not mentioned on page 5 of NOFO where the focus areas are listed)?

A. The focus of the HealthyNYC Learning Collaboratives should be on the 7 biggest drivers of loss in life expectancy, which include: cardiometabolic conditions (including cardiometabolic disease and diabetes-related diseases), screenable cancers, overdose, suicide, maternal mortality, violence, and COVID-19. Climate change should be incorporated where appropriate in combination with the drivers being addressed.