

June 18, 2009

On Call: Moore, Hoke, Nash, Pasquitank, Richmond, Buncombe, Edgecombe, Macon, Cabarrus, Surry, Jackson, Bladen, Franklin, Wayne, Caswell, Duplin, Durham, Warren

1. How much was funding?
 - a. \$20,000 per year, funds do not roll over, over a 3 year period for a total of \$60,000
2. Match funds
 - a. No one has to worry about this language here. Federal dollars are tied to state dollars. All funding is pending there are funds available.
3. Spending
 - a. Need to spend all money in each year. Funds do not roll over.
4. Expectations of Funding
 - a. Working to do diabetes prevention and control initiatives. Environmental changes, opportunities for self-management classes. Diabetes Today funds are not for individual counseling, funds are to be used for community-settings, group based.
5. High-Risk populations
 - a. Covers individuals who are at a high-risk for diabetes. See this in low SES and in minority populations. NC DPCP wants to make sure you're targeting underinsured in the community to create access to diabetes prevention and control services that those individuals may not normally receive.
6. Diabetes Today Funding/ADA Recognition
 - a. Diabetes Today funds is based on community-based model from what the CDC uses. Views diabetes as a public health perspective and not solely as a medical issue.
7. Partnering
 - a. Would like to see between 2-3 partners. The NC DPCP still thinks that grantees can form partnerships with the funds available. The NC DPCP asks that grantees get involved with your coalition (e.g., Healthy Carolinians) and others to assist you with what you're doing.
8. If you receive the funds, does the first \$20,000 need to be spent by December 2009?
 - a. Funds begin October 1, 2009 and need to be spent by March 28, 2010.
9. Clarification on ADA Recognition Program.
 - a. ADA Recognition program is different from Diabetes Today. If you need education materials for self-management classes, this would need to happen in a group setting. You could use these funds to do support groups for those individuals who are in a recognized program. This would be a way to have a separate intervention so you meet the deliverables of ADA Recognition Program and Diabetes Today.

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10. Could this also help uninsured people and provide financial assistance for individuals in the DSM program?
 - a. Yes.
11. One of the issues is transportation. Would this help pay for **BART** to transport them to classes at the LDOH?
 - a. Cindy to check on this regarding guidelines.
12. Will this pay for a program coordinator with the \$20,000?
 - a. If you want to use the money for a coordinator, you can. You only have \$20,000 so you can use this money for that but you want to make sure you have money for interventions as well.
13. You would like to see partnering counties. If this grant is based on local community coalition building – if you are doing the DSM classes and reaching out to neighboring counties for support groups to build off of the SM classes, would that be considered partnering with those folks? If they don't have a coalition, would you have to establish a coalition in those counties?
 - a. Yes. You could establish a coalition, but most counties have some sort of Healthy Carolinians coalition to use as a resource. People that work with the PAN Branch and Eat Smart, Move More could be a good resource as well.
14. How strong is the application leaning towards partnering with other counties rather than one-single county focus?
 - a. Counties who have already done Diabetes Today in the past have already established relationships and can move off of this. If you haven't had the opportunity to do Diabetes Today in the past, there are probably other ways that you have partnered in the past to show that you have worked together. The NC DPCP wants you to do one intervention to show you are partnering with your neighboring counties.
15. There will be 3 organizations funded, correct?
 - a. Yes.
16. So there has to be a community change (such as support groups) and there has to be an individual change as well? So 2 things?
 - a. If you're working on environmental and policy change, you will address this on the community level. In doing this, by doing DSM or support groups, you will also be addressing individual change.
17. In terms of providing programs on the interpersonal level, that would be done through group education rather than through individual education, correct?
 - a. Yes.
18. How many people are on this call?
 - a. 17.

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19. Logic Model work plan (Attachment C). Is that for the first year only?
 - a. No, the work plan is for all 3 years to show the breakdown of what you are thinking. As the next year approaches, you will be given opportunities to tweak the work plan.
20. Can you please post the answers about transportation and needs for funding on the website?
 - a. Yes. All questions and answers will be posted by June 25, 2009.
21. We have done Diabetes Today before and have partnered with 8-9 counties in the past. Do we just choose 2 or what do we do?
 - a. At least 2. You can partner with as many as you want. Funding is limited this time so you need to be more creative about partnerships. You do not have to have just 2-3 partners, that is just the minimum requirement.
22. Do the Letters of Support need to come from the 2-3 counties?
 - a. Yes, they need to come from those you want to partner with. You need to be specific, identify roles for the partnering agency and how you want them to support you.
23. Are you all giving preference to the multi-county initiatives?
 - a. We would like for you to partner with at least 2-3 counties, if possible. You might want to work with a partnering county to set up mile markers within the community – this would be an environmental change because you would be increasing access to physical activity and letting individuals know how far they have walked.
24. Is this grant specifically focusing on those who do not have a specific diabetes education program in their county?
 - a. It is for any county. We are encouraging all counties to apply.
25. Could we expand this out and do worksite health with diabetes?
 - a. Yes. That is a community program as long as it is being done in a group setting and the collaboration piece is done with other employers in other counties.
26. Did the Western Districts get sent the same information?
 - a. Yes. It went out to all local Health Directors.
27. This application time period is a time crunch. Is there a way to move the deadline for the RFA?
 - a. The only reason why the days are short is because of the restrictions that were placed on DPH. I could give you an extra week. The new deadline for the RFA is July 8, 2009.
28. If we have additional questions, can we e-mail or call you?
 - a. You can e-mail Cindy if you have additional questions.
29. Can we get each other's emails in case we decide to partner with each other?
 - a. Yes. Cindy will compile a list and send it out to everyone on call.