

**RCHN Community Health Foundation  
Population Health Initiative 2015  
Additional FAQs**

**(Please see original [“Frequently Asked Questions”](#) for FAQs 1-13)**

Question 14: Funding announcement references “health neighborhoods.” Please define. Is there an advantage or disadvantage to including non-FQHC or PCA participating organizations? Is it similar to a “medical neighborhood?”

Answer 14: Often the term “medical neighborhood” is used to describe the medical organizations, such as hospitals as well as specialists and other providers, that in collaboration with primary care providers are necessary for an effective and efficient local system of care. The term is often used in conjunction with patient-centered medical home (PCMH) because coordination with the “medical neighborhood” is necessary for a highly functioning PCMH. Since this grant opportunity focuses on health care as opposed to medical care and encourages the integration of interventions focused on the social determinants of health, the term “health neighborhood” is used to denote a broader set of potential collaborations. For example, this broader set of partnerships may include organizations devoted to housing, food security, safety, transportation, education or other important factors that help assure the health of individuals and communities.

Question 15: Do all of our partners need to have electronic medical records?

Answer 15: Partners need to have high-functioning partner relationships demonstrated by the timely sharing of information, including patient information. Although this can be achieved through effective health information technology, other approaches will be considered, especially in light of communities in earlier stages of HIT capacity building.

Question 16: What outcomes are you expecting from projects? Is it to improve a particular indicator (e.g., a UDS indicator) or impact a utilization issue? Or is the outcome to establish a means of addressing population health through patient-centered practice transformation and partnerships?

Answer 16: Successful applicants will focus on industry-defined outcome measures (UDS, HEDIS, etc.), aligned with health center priorities and priorities in the local health care environment, which address a clinical issue or a utilization challenge. The processes to address the outcomes will require patient-centered transformation on the part of the health center and its partnerships, with an emphasis on identifying and addressing social determinants that impact most directly on the identified applicant aims and metrics.

Question 17: What role are you envisioning that partners take on? Are they to be actively involved in the intervention proposed? Or are they to provide technical assistance? What types of partners might be included?

Answer 17: We recommend that applicants involve potential partners in designing the aims, outcomes and interventions. In this way, the health center and/or PCA and its partners can establish which partners are necessary, what roles they should play, and which resources are necessary to leverage for successful implementation. Organizations might include a broad range of partners that comprise the health neighborhood for their population.

Question 18: Can we include partners to address social determinants (e.g., YMCA to address access to physical activity venues? Or the regional foodbank to address food access issues)?

Answer 18: Yes, highly competitive applicants will engage local and regional partnerships to address social determinants.

Question 19: Is the intervention to “address the role of multiple partners” or is the intervention to address a particular clinical condition or utilization issue? Would a practice transformation initiative to redesign primary care around a clinical condition be an intervention? A couple of examples of the types of interventions you are envisioning would be helpful.

Answer 19: The intervention should address a particular clinical condition or utilization issue. A practice transformation initiative focused on a clinical condition might also include an associated utilization challenge and related identification and amelioration of important related social determinants. It is the applicant’s responsibility, given organizational strategies and priorities, to identify the focus and interventions that are a priority in their community. RCHN Community Health Foundation is interested in supporting interventions focused on major locally identified health issues.

Question 20: Are there certain health conditions RCHN CHF is particularly interested in funding projects for? Are any conditions off limits for funding?

Answer 20: The conditions should represent a major health burden for the patients and community served that is amenable to measurable improvement during the grant-funding period. We will consider all conditions and challenges presented; none are off limits.

Question 21: We are looking at a partnership with two other health care organizations and one local hospital, possibly two. Does that fit in with your guidelines? We, as the FQHC, would be the lead.

Answer 21: Yes, collaborative proposals across several health centers and associated provider organizations will be considered. Applications should address the specific benefits of a shared implementation strategy and identify one eligible organization as the primary grantee.

Question 22: The request for letter of interest states that only FQHCs, Look-Alikes and PCAs are eligible to apply for the population health initiative. Does this preclude HRSA-recognized health center controlled networks from applying? Is a Health Center Controlled Network working with FQHCs eligible to apply for this opportunity?

Answer 22: Eligibility for this opportunity is limited to FQHCs, Look-Alikes and state or regional PCAs. Health Center Controlled Networks are welcome to participate as partners with health centers as the project lead to develop projects that might be more broadly disseminated through the network.

Question 23: Can funds be used to pay for staff at FQHCs and other partner organizations to implement the grantee's proposed strategies?

Answer 23: While the types of costs will vary depending upon the nature of the proposal, allowable costs may include, but are not limited to: direct costs such as project personnel; communications, travel, meeting expenses; and purchased services including consulting costs. Creative proposals that are informed by community needs and leverage available resources are encouraged. As noted, construction costs are not allowable.

Question 24: Is there a specific percentage of funds that must be passed through, for example by the PCA, to local partners (i.e., FQHCs, public health entities, etc.)?

Answer 24: There is no specified percentage or dollar amount that must be set aside for partners. PCA applicants should include direct work to be undertaken by a member health center or centers in conjunction with the PCA and will be required to sub-grant a portion of the project award to FQHC or Look-alike partners. Applicants invited to submit a full proposal will be required to provide a full budget and budget narrative that specifies the amounts intended to flow from the PCA to each health center sub-grantee and for what purpose.

Question 25: I see that you require an upload of the 503(c)(3) tax determination letter. Although our organization operates the FQHC/CHC, we are not a 501(c)(3) organization. Is a non-profit government entity eligible to apply for this grant opportunity?

Answer 25: To meet the Foundation's tax requirements, our grantees must be 501(c)(3) non-profit organizations. Assuming the public FQHC operates under the common model in which a 501(c)(3) entity has a Board of Directors meeting the FQHC requirements with oversight of the public entity for FQHC purposes, that 501(c)(3) nonprofit would be the entity to apply and could receive the grant from the RCHN Community Health Foundation. Alternatively, a partnered 501(c)(3) may serve as the project lead.

Question 26: For partnerships—does that require our organization sharing funds with another organization or agency, or can we just work with them in some project-related capacity?

Answer 26: See # 24 above.

Question 27: Does the foundation have a particular regional focus or would this opportunity be available to all FQHCs (and Look-Alikes) in urban and rural areas.

Answer 27: Eligibility is not limited to any particular state or geographic area. As indicated in the LOI announcement any entity currently designated as a FQHC or FQHC Look-Alike, or state or regional PCAs (if the PCAs are specifically proposing in the application to sub-grant to FQHCs or FQHC Look-Alikes for a portion of the project) are welcome to submit proposals for funding consideration.

Question 28: We have two great ideas for the program. May we submit two LOIs for consideration?

Answer 28: Please submit one LOI representing your single best idea.