CENTER FOR RURAL AND PRIMARY HEALTHCARE
from Evidence to Impact

Connecting Communities to Care Cooperative Agreement Program
Request for Applications

RFA Release Date:	**August 31, 2023**
Application Due Date:	**November 1, 2023**
Earliest Anticipated Project Start Date:	**January 1, 2024**
Award Range:	**4-6 Awards of up to $200,000**
Maximum Total Amount Awarded:	**$800,000**
Cooperative Agreement Timeline:	**up to 2 years (Jan 1, 2024 – Dec 31, 2025)**

Purpose of the Communities Connecting to Care Cooperative Agreement Program: The South Carolina Center for Rural and Primary Healthcare (CRPH) supports the vibrancy and resiliency of rural communities in South Carolina; however, CRPH also recognizes the health challenges and inequities faced by rural and underserved populations in our state. In an effort to support communities addressing these challenges and building upon promising or successful programs, CRPH has established a funding opportunity to engage community partners to build more equitable and resilient systems that better serve rural and underserved groups.

The Connecting Communities to Care Program seeks to support community health improvement programs that connect people to health-related and healthcare services to address rural health disparities. CRPH is interested in programs that identify and implement community-driven solutions and best practices that can be adopted by other rural communities, expanded into a larger context, and/or inform public policy. We encourage the submission of a diverse group of proposals to improve health in rural communities. Proposals that are led by, or have an established relationship with, organizations based in rural communities will receive priority for funding. We seek applications that have clearly defined objectives, results-oriented activities, appropriate evaluation measures, and meaningful health outcomes. Proposal objectives should follow the S.M.A.R.T format.

Strong applications will include the following elements:

❑ Located in, and serve, a rural population (Rurality may be determined using the CRPH definition on the SC Rural Healthcare Resource Dashboard. Instructions on how to use the dashboard are attached to this RFA.
❑ Description of needs in the community that will be addressed by the project (e.g., needs assessment or other data)
❑ Demonstrate clear and established partnerships as applicable
❑ Clear and direct connection between program activities and positive health outcomes

These projects can be innovative in nature or expand a promising or evidence-based practice, and be designed to fit the local environment, needs, and resources. Key areas of emphasis for this funding opportunity include, but are not limited to:

❑ **Access to Care**

• Programs that increase access to care through community-clinical linkages to expand the availability and quality of health and health-related services to rural communities.

This may include expanding the delivery of services via non-traditional access points and working with non-traditional, non-healthcare centered partners.

- Programs that test alternative models of community care and healthcare engagement via non-traditional access points, virtual care, and go beyond clinic walls.
- Care Coordination programs/models that connect rural individuals to healthcare and health and human service programs addressing social needs that impact health.

☐ **Community Engagement & Health Equity**

- Programs to increase community engagement and work alongside community members to identify root causes of health disparities, rural and racial/ethnic inequities, and drivers of poor health.
- Programs that take community-directed action to prevent illness and poor health.
- Programs that promote healthcare literacy and consumer education to better equip people to make informed decisions about their health and healthcare.

☐ **Behavioral Health**

- Programs to strengthen community-based behavioral health organizations to expand efforts and improve access to behavioral health services.
- Programs to address needs and gaps in capacity for rural communities, within the behavioral health sector.
- Programs that address barriers to the implementation of evidence-based practices in rural settings.

Eligibility Criteria:

☐ Public or not-for-profit 501(c)(3) organizations with an emphasis on health, rural health, or community services
☐ State government agencies
☐ Human service organizations
☐ Any institution of higher education in South Carolina (public or private)
☐ South Carolina Rural Health Networks
☐ AccessHealth SC networks

If you are uncertain if you are eligible, please contact us at SCRuralHealthcare@uscmed.sc.edu so we can assist you in determining your eligibility.

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Application Process:
The [Connecting Communities to Care application](#) is available on our grants management system, Submittable. You will be required to create an account if you have not already done so to begin the application process. CRPH leadership and staff will review the applications and select awardees. CRPH may engage in collaborative discussions to determine the program elements, activities, and outcomes, and better inform the final funding decisions.

Overview of Funding Opportunity:
The Center expects to award 4-6 proposals. Up to $800,000 will be distributed via this cooperative agreement. Programs may be up to 2 years, with total costs up to $200,000 for the total project period. The Center also welcomes submissions for pilot programs that are smaller in scope, budget amount, and/or time duration.

What we fund:
We fund direct costs only to include:
- Staff salary and fringe
- Supplies and a limited amount of equipment vital to the project (equipment must be specifically requested and justified)
- Project-related travel
- Advertising and outreach related to grant-supported services

What we do not fund:
- Projects centered on one-touch events (health fairs, conferences, etc.)
- Programs or activities that solely target non-rural populations
- Capital projects or funds for facilities
- Indirect/overhead costs
- Salaries for personnel not directly involved with the project
- Medical care costs
- Research projects
- Taskforces or work groups.

Important Dates:

August 31, 2023
Online application available via the [Submittable link](#) or [CRPH website](#)

November 1, 2023
Online application due at 11:59 p.m.

Late November 2023
Finalists will be notified.

January 1, 2024
Projects begin.

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Application Components (For viewing only. All applicants will complete an [online application](#)):

1. **Project Narrative**

   - **Purpose and Description of Need**: Outline the purpose and need for the proposed project. Provide a description of the project's target population, including geographic areas to be served. Include the health condition(s) and/or health inequities experienced by the target population that the project will address. Identify any needs and gaps that the project will respond to. Use local data, needs assessments, or similar evidence to support statements.

   - **Goals, Objectives, and Outcomes**: Define the goals and objectives of the proposed project. Objectives should be in SMART format - specific, measurable, realistic, and achievable in an established timeframe. For an example of how to create SMART objectives, please click [here](#).
   - Clearly identify the measurable outcome(s) that will result from the project, and provide specific, quantified estimates of expected outcome(s). A "measurable outcome" is an observable end-result that describes how the target population will benefit from the proposed project.

   - **Methodology**: Discuss the proposed methods/activities to meet the stated needs and accomplish the project's objectives. Be sure to describe key partnerships for carrying out the project.

   - **Evaluation**: An evaluation provides a systematic method for understanding how well a program, project, intervention, or initiative achieves its goals. Evaluations help determine what works and what could be improved in a project or initiative. Describe data or indicators the proposed project will use to measure its performance and impact. If awarded, SC CRPH will work with grantees to finalize data to be collected and evaluation processes.

   - **Sustainability**: Describe how the proposed project will continue after funding has ended.

   - **Key personnel:** Describe the project's key personnel. Include their name, email address, organization, position, and project role.

2. **Detailed Work Plan**

3. **Detailed Budget and Budget Justification**

4. **Appendices with supporting material**

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Cooperative agreement participants must use the funds to supplement, not supplant existing funding for specified grant activities. The decision to award a project, or to award at a particular funding level, is discretionary. The number and amount of grant awards is dependent on the availability of funding.
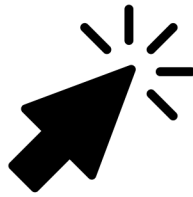
About the South Carolina Center for Rural and Primary Healthcare: The South Carolina Center for Rural and Primary Healthcare (CRPH) at the USC School of Medicine is dedicated to supporting and developing rural and primary care education, delivery, and sustainability in South Carolina through clinical practice, training, research, and community engagement. The Center is supported through the legislative Rural Health Initiative proviso and in partnership with the South Carolina Department of Health and Human Services.

RURAL SC MAPPING TOOL

Use the CRPH Rural SC mapping tool to determine whether your program or organization operates in rural South Carolina based on various definitions.

Launch the SC Rural Healthcare Resource Dashboard

Navigate to the Rural tab

Select the rural definition you want to use

The map will load using the CRPH Definition of rural. To choose a different definition, uncheck the CRPH definition and select the definition you want to use.
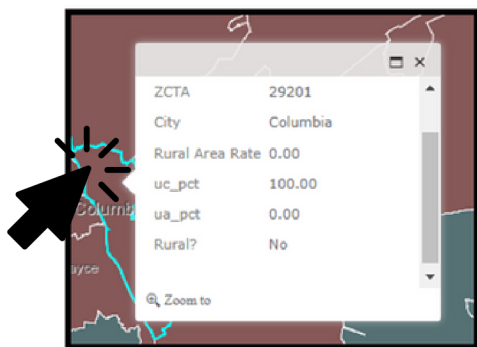
TWO WAYS TO USE THIS TOOL

CLICK AND PAN

Click anywhere in the map.

A popup will provide you with details on that selection's rurality based on the definition you have selected (e.g., ZCTA 29201 is not considered rural based on the CRPH definition).

If you press and hold your mouse button, you can pan around the map.
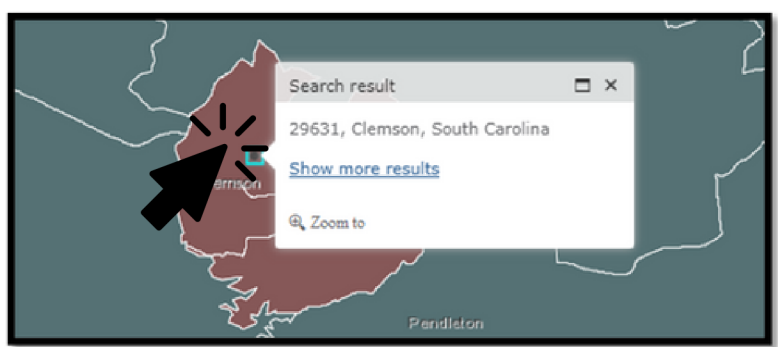
FIND AN ADDRESS

Enter the address in the search box above the definitions.

Type a full or partial address (i.e. a zipcode) then click enter and the map will refocus on the address you entered.

Click right next to the search result on the map to see a popup with that area's rurality based on the definition you selected.
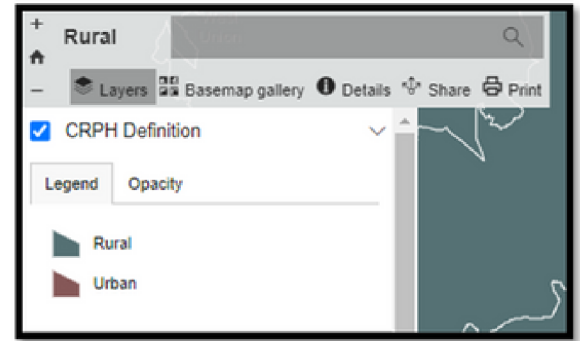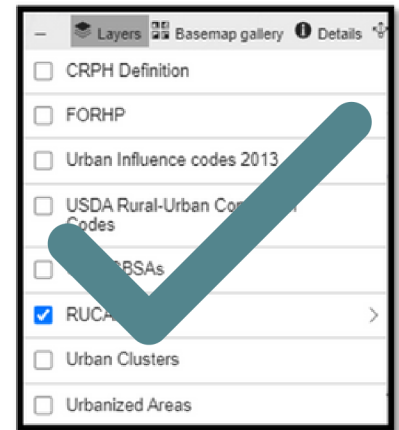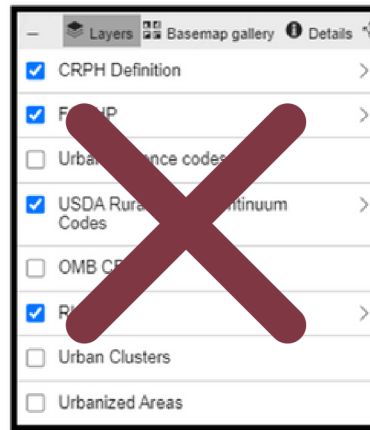
ADVANCED TIPS AND TRICKS

You can zoom in and out of the map using the scroll wheel on your mouse or with the + and – buttons above the definitions box.

After you've selected your definition, click on the arrow to the right of the definition name.
- Here you can view the legend for that definition.
- You can also adjust the opacity of the definition to better view the base map.

This tool works best when only one definition is selected at a time. Make sure that only one definition has a blue checkmark.

RURAL DEFINITIONS

The CRPH Rural SC mapping Tool maps areas of our state according to the most popular definitions of rural. Use the table below to quickly identify the definition that best fits your needs. You can learn the full definition, as well as how each are used, on our research resources page on our website: www.scruralhealth.org/research-resources

CRPH Definition	Internally established definition that classifies zip codes based the percent within an Urbanized Area or an Urban Cluster.
FORHP	Federal Office of Rural Health Policy – Combines OMB CBSA's and RUCA to determine rurality at the zip code level.
USDA Rural-Urban Continuum Codes	Distributes counties into 3 metropolitan and 6 nonmetropolitan classifications based on their size and adjacency to other counties.
Urban Influence codes 2013	Distributes counties into 2 metropolitan and 10 nonmetropolitan categories based on their size and adjacency to other counties.
OMB CBSAs	Core Based Statistical Areas – Classifies counties as Metropolitan or Micropolitan. If a county is neither, it is considered rural.
RUCAs	Rural-Urban Commuting Area – Distributes Census Tracts according to population density, urbanization, and daily commuting flows. RUCAs of 4 or greater are considered rural.
Urban Clusters	One of the two types of urban areas identified by the Census Bureau. Urban Clusters (UCs) have at least 2,500 and less than 50,000 people.
Urbanized Areas	One of the two types of urban areas identified by the Census Bureau. Urbanized Areas (UAs) have 50,000 or more people.