



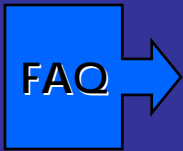
Eliminating Health Disparities Initiative Community Grants Program Application Review

Rosemarie Rodriguez-Hager,
Office of Minority and Multicultural Health

February 22, 2010



EHDI Community Grants Program RFP

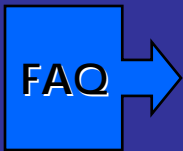


Eligible Racial/ Ethnic Groups

- ★ African Americans/African
- ★ American Indians
- ★ Asians
- ★ Latinos/Hispanics



Priority Health Areas

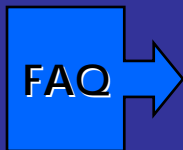


- ★ Breast and cervical cancer
- ★ Diabetes
- ★ Heart disease and stroke
- ★ HIV/AIDS and STDs
- ★ Immunizations for adults and children
- ★ Infant Mortality
- ★ Teen Pregnancy
- ★ Unintentional injuries and violence

- ★ Social Determinants of Health (SDOH)



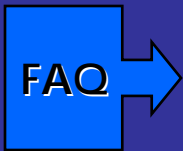
Eligible Applicants



Eligible applicants include, but are not limited to, faith-based organizations, social service organizations, community nonprofit organizations, community health boards, tribal governments, and community clinics.



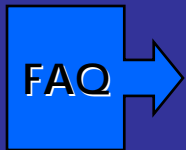
Available Funding-1 Year



- \$2,000,000- Teen pregnancy implementation/TANF
- \$2,422,000- All other HPAs/SDOH implementation
- \$400,000- SDOH planning



Grant Amounts



Implementation Grants

\$75,000-\$250,000 per year

20-50 grants

Planning Grants-SDOH only

\$50,000 -\$150,000 per year

5-8 grants



Important Dates

Due Dates

Intent to Apply Form

March 1, 2010

Applications due

March 25, 2010, 4:30 pm

Notice to applicants

May 26, 2010

Work begins

July 1, 2010



If you are applying for...

Priority Health Area Implementation Grants

- “ready to carry out activities”
- Identify and address one or more of the 8 Priority Health Areas
- Identify racial/ethnic population(s)
- Utilize evidence-based or promising practices



FAQ



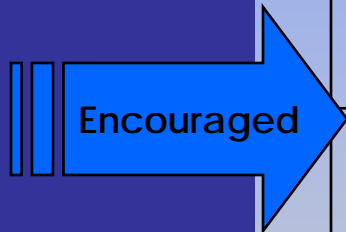
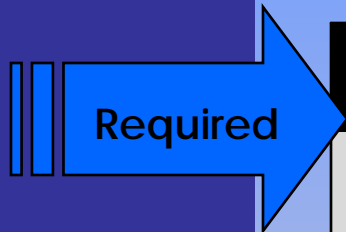
Priority Health Areas

★ Disparities Chart-Appendix C

| Priority Health Area | African American/ African | American Indian | Asian American | Hispanic/ Latino |
|---|------------------------------|-----------------|----------------|------------------|
| Breast and Cervical Cancer Screening | X | X | X | X |
| Diabetes | X | X | | |
| Heart Disease and Stroke | X | X | X | X |
| HIV/AIDS and Sexually Transmitted Diseases | X | X | X | X |
| Immunizations for Adults and Children | X | | X | X |
| Infant Mortality | X | X | | |
| Teen Pregnancy | X | X | X | X |
| Unintentional Injury and Violence | X | X | | X |

Menu of Activities (Appendix D-K)

| | |
|---|---|
| Objective B. | |
| Reduce the risk factors that can lead to heart disease and stroke | |
| Strategy B.1. Assist people with high blood pressure or high cholesterol, or who use tobacco, to reduce their risk | |
| HDS Activity B.1.1. | Establish policies and procedures that will screen high-risk people for high blood pressure and/or high cholesterol in worksites and other community settings and link them to resources for treatment. ♦♦♦♦♦ ← |
| HDS Activity B.1.4. | Implement mechanisms that will connect people with existing effective tobacco cessation programs, including quitlines, quitting websites, and face-to-face counseling. ♦♦♦♦♦ Addresses more than one PHA. ← See: Infant Mortality Activities B.3.6. and C.2.3. |



♦♦♦♦♦ Indicates an activity that will lead to a policy, systems, or environmental change



Priority Health Area Applications Sample Form

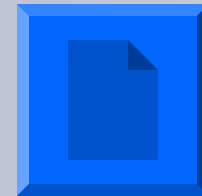
Focus Area Description



Appendix E. - diabetes

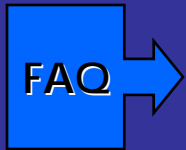


Appendix C





If you are applying for...



★ Social Determinants- “ready to move upstream”

- Planning Grants
 - Assess SDOH in your community
 - Develop an action plan

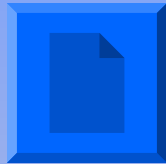
- Implementation Grants
 - Submit an action
 - Activities that will result in Policy, Systems and/or Environmental changes

“Promoting Health Equity”

www.cdc.gov/nccdphp/dach/chaps



SDOH Implementation Worksheet





SDOH Planning Grant

Focus Area Description





Required Application Forms - Appendix N



FAQ

Activity Worksheet – Priority Health Area Applications

Application Cover Sheet

Background Information Form

Budget Form

Budget Narrative

Community Involvement, Collaboration, and Partnership Form

Financial Capacity and Review Form

Focus Area Description – Priority Health Area Applications

Focus Area Description – Social Determinants of Health Implementation

Applications

Focus Area Description – Social Determinants of Health Planning Applications

Implementation Worksheet – Social Determinants of Health Implementation

Applications

Intent to Apply Form

Other Funding Sources Form

Planning Worksheet – Social Determinants of Health Planning Applications

Staffing Narrative

Target Population Narrative

Three-Year Action Plan



FAQ

www.health.state.mn.us/ommh

*Bold indicates needed for all applications

Application Checklists (pg. 25-27)

E. Social Determinants of Health Implementation Applications

- If you decide that your community is best suited for a social determinants of health implementation grant, you should prepare and submit an application using the instructions in this section and the information about social determinants of health grants beginning on page 8 of this RFP.
- Social determinants of health implementation applications must include the documents listed below in the order specified. This list can be used as a checklist to be sure you have included all the required documents in the required order.
- Application Cover Sheet (*with an original signature on the unbound copy*)
- Background Information Form
- Community Involvement, Collaboration, and Partnership Form
- Target Population Narrative
- Focus Area Description – Social Determinants of Health Implementation Applications
- Implementation Worksheet – Social Determinants of Health Implementation Applications
- Budget Form
- Budget Narrative
- Staffing Narrative
- Other Funding Sources Form
- Financial Capacity and Review Form



Application Form Instructions

- Each Form is preceded by Instructions
- On the top of each instruction sheet is the following:

Types of Applications that Must Include This Document

- Priority health area applications
- Social determinants of health planning applications
- Social determinants of health implementation application



Instruction Sheet Review

- Each form or request for information will be preceded by instructions
- Pay attention to the instructions for each form
- Note special instructions for TANF and Evaluation



Sample Instruction Review-Budget Narrative



Application Instructions (pg. 24)

- Develop your application collaboratively with community partners
- Include all required information and materials
- Do not include extra materials
- Use the checklists (pg. 26-27) to ensure completeness



Application Instructions (pg. 24)

- ★ Use Word Processing Software
- ★ Note Page Limits
- ★ Printed on one-side only
- ★ Font Size 12 pt
- ★ Pay attention to document instructions for spacing, fonts and margins



Intent to Apply Form

DUE: March 1, 2010

Intent to Apply Form

Email: health.ommh@state.mn.us

Subject Line: Intent to Apply Form

Or

Fax: 651-201-4986

Or

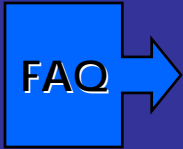
Mail: OMMH

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975





Review of Applications



- ★ Review Teams
- ★ Criteria
- ★ Award Considerations



Questions FAQs

- ★ **Can an agency be a lead in more than one application?**

No, however, your organization may be included as a partner in more than one application.

- ★ **Can a lead agency apply for more than one of the three types of grants.**

No, a lead agency can only propose one type of grant.

- ★ **Why is the funding for only 1 year?**

We are aligning with state fiscal biennium. The new biennium will begin July 2011.

FAQS

- ★ **Do SDOH applications need to name and describe a relationship to a least one of the eight priority areas?**

No. However, your activity must show how it is likely to contribute to a reduction in the identified health disparities.

- ★ **Will applicants receive technical assistance from the MDH during the RFP process?**

Yes. Questions regarding this RFP may be submitted by phone or email to the contact people listed on page 2 of the RFP. Frequently-asked questions (FAQs) will be posted on our web site at www.health.state.mn.us/ommh.

FAQS

- ★ **We are looking at submitting a planning proposal for Mental Health Services. Could you define whether mental health service area would fall into the EHDI requirements?**

It depends on the activities you are proposing. If your proposed activities are likely to lead a reduction of the identified health disparities and as long as your proposed activities fall under either one of the three types of grants: a health priority grant --social determinants of health planning grant and social determinants of health implementation grant.

- ★ **Can you apply for more than \$250,000 if you are addressing several priority health areas?**

No. The chart on page 1 and 2 in the RFP shows that \$250,000 is the maximum you can apply for.

FAQs

- ★ **We are an organization providing financial assistance to Minnesota homeowners with seriously ill or critically injured children by making a mortgage payment on the family's behalf to prevent foreclose during a medical crisis. Would our focus qualify submission of an RFP?**

Yes. The RFP states: "Eligible applicants for the EHDI grants program include, but are not limited to, faith-based organizations, social service organizations, community non-profit organizations, community health boards, tribal governments, and community clinics throughout Minnesota." However, the strongest applications will have a long-term sustainability strategy, which may involve the development of a larger vision with critical partners that prevents or minimizes the need for such direct services.



Application Submission Due Date

Thursday, March 25, 2010
4:30 pm

Submit 1 unbound signed original and 7 bound copies