



Eliminating Health Disparities Initiative RFP Information Session Webinar

Center for Health Equity

September 13, 2018

Who We Are



Bruce Thao, MS, MA
Director



Sara Chute, MPP
Assistant Director



Bridget Roby, MPH
Grant Manager



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Grant Manager



Mia Robillos
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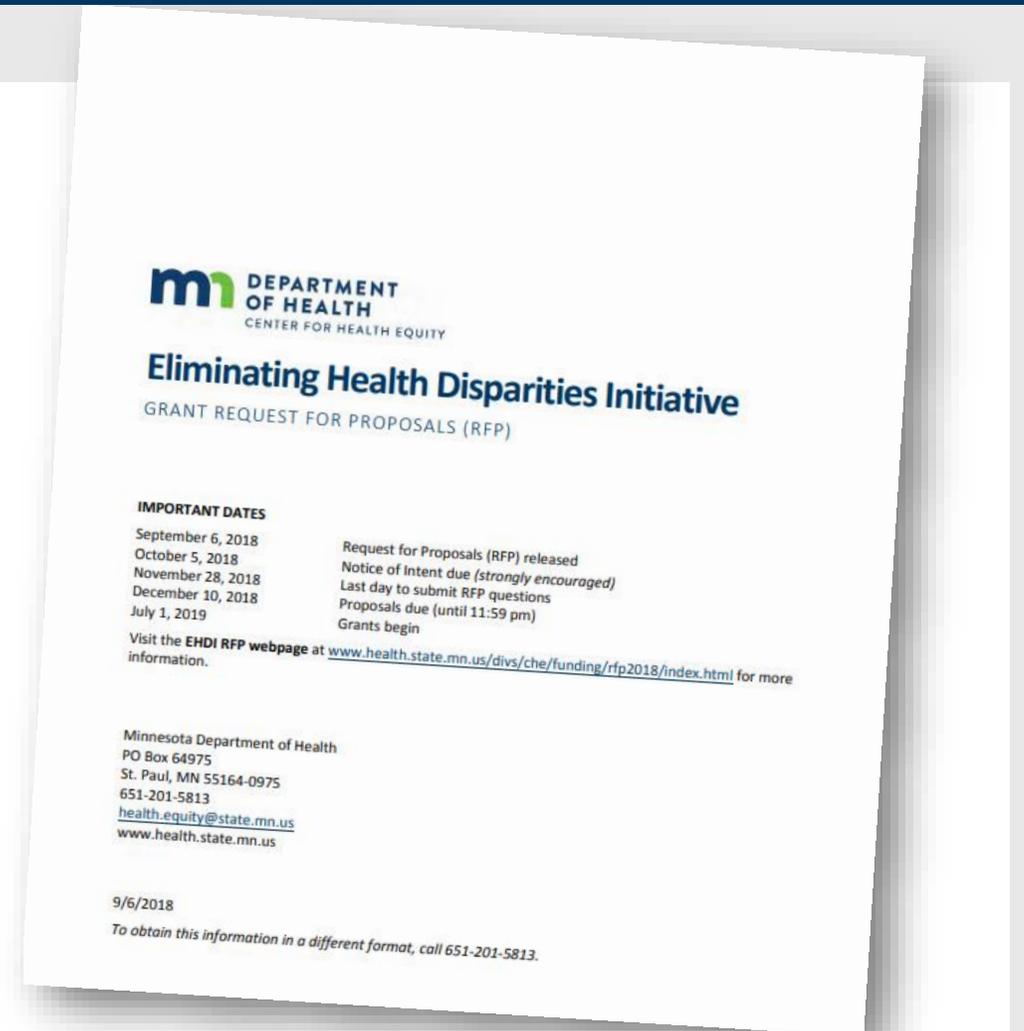


Darwin Flores Trujillo
*Health Equity
Management Analyst*

Leadership:

Grants Team:

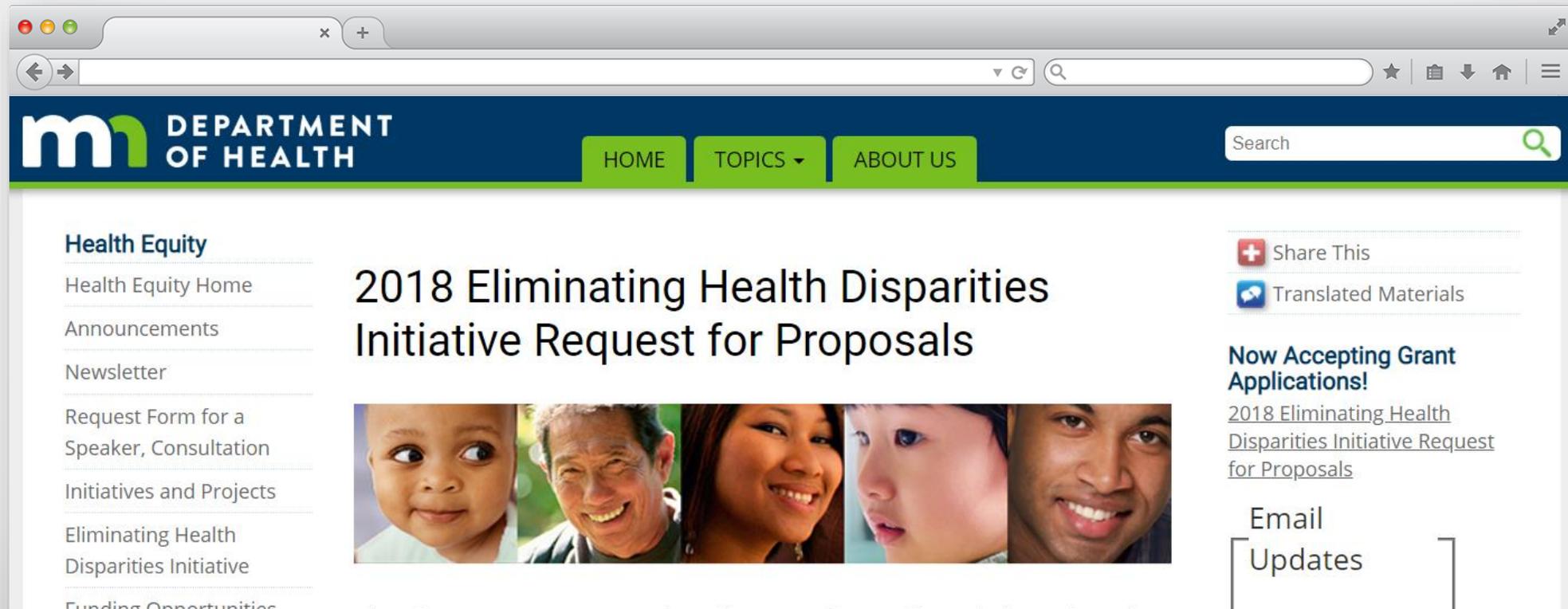
- ✓ Welcome and Staff Introductions
- ✓ EHDl Overview and History
- ✓ EHDl Program Details
- ✓ Application Process and Instructions
- ✓ Questions



EHDI RFP Webpage

www.health.state.mn.us/divs/che/funding/rfp2018/index.html

One-stop-shop for templates, info session registration, forms and more!





EHDI Overview and History

Bruce Thao, Director

EHDI Overview and History



- The Minnesota Legislature created the EHDI grant program in 2001 (Minn. Stat. §145.928)
- Collaborative effort between MDH and communities of color and American Indians
- Goal – to close the gap in the health status of populations of color and American Indians as compared with whites in 8 priority health areas (PHAs)
- Traditional public health programs were not always effective
- Solutions must come from within the communities most impacted by inequities and be supported by community leaders

EHDI Program Principles

Effective initiatives are co-created with and supported by the community served

Community issues require community solutions

Organizations that reflect the populations served are more likely to understand community experiences, connect with community and effectively support community solutions

Effective strategies are grounded in cultural knowledge and wisdom

Sustainable projects complement related community services and activities

EHDI History

2001

2002

2013

2018

OMMH

EHDI



CHE

5th EHDI RFP Released

OMMH

EHDI

- EHDI legislation passes
- First grants begin in 2002
- Administered through MDH Office of Minority and Multicultural Health

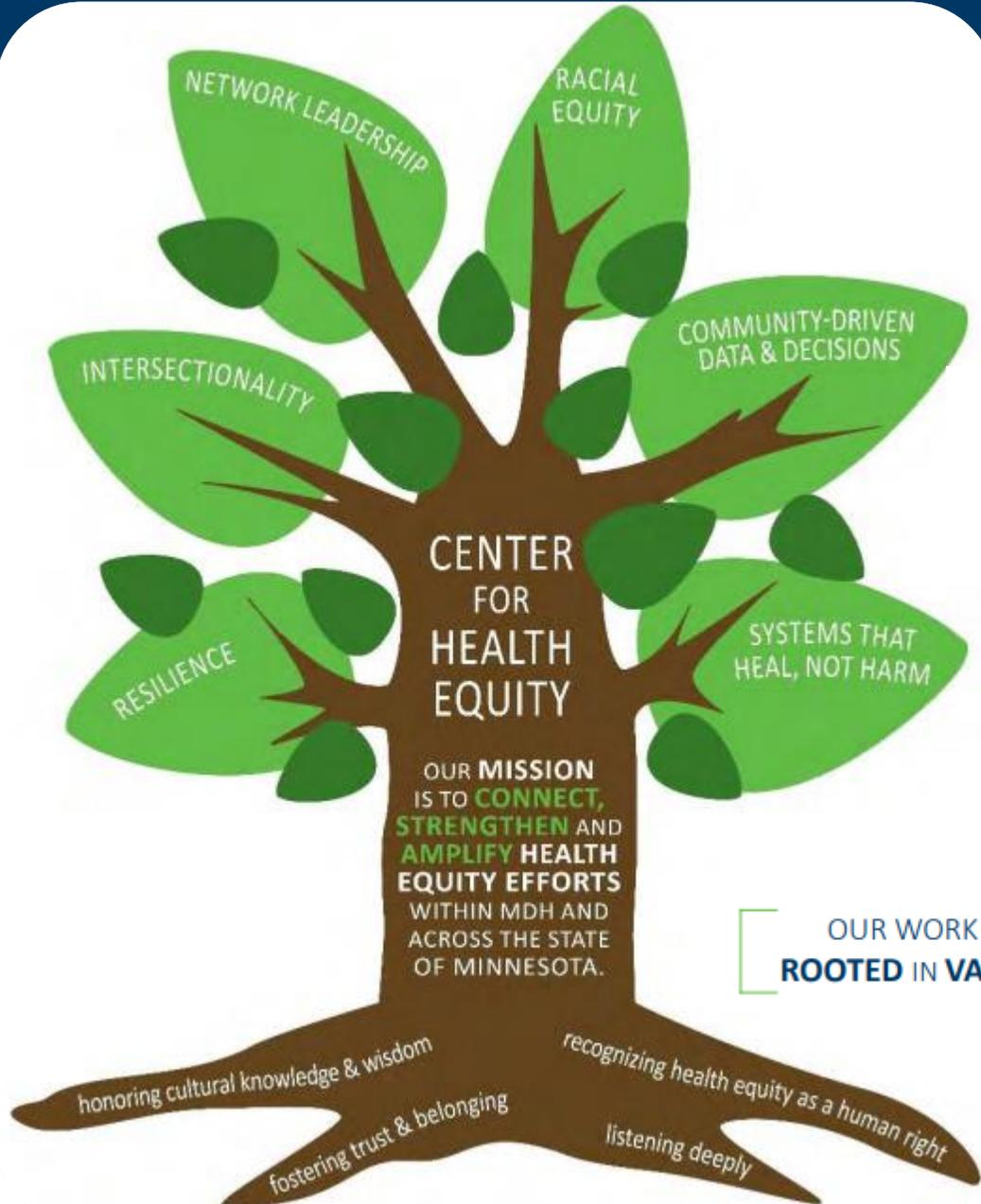
- Commissioner creates MDH Center for Health Equity
- Overt and explicit focus to the efforts of MDH to advance health equity in Minnesota

Center for Health Equity

The **mission** of the Center for Health Equity is to **connect, strengthen and amplify** health equity efforts within MDH and across the state of Minnesota.



Center for Health Equity



OUR **APPROACHES**
GUIDE US IN ACHIEVING
OUR MISSION

Learn more through the handout and webinar on website:

Other Resources

- ▶ [Center for Health Equity Handout \(mission, values, approaches\)](#)
- ▶ [About the Center for Health Equity \(webinar\)](#)
- ▶ [MDH Grants Standard Agreement Template \(PDF\)](#)
- ▶ [2015 Eliminating Health Disparities Initiative: Input Summary of Themes \(PDF\)](#)
- ▶ [ASTHO Glossary of Health Equity Terms](#)

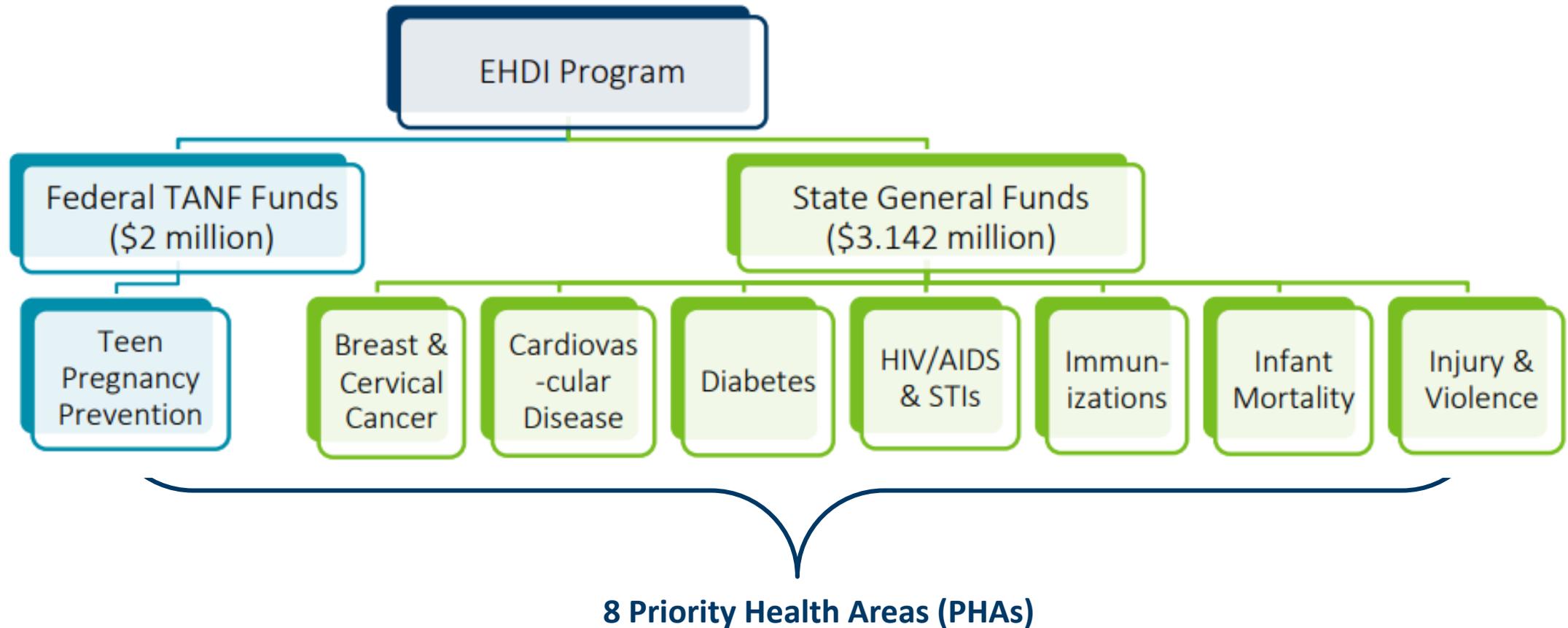
OUR WORK IS
ROOTED IN VALUES



EHDI Program Details

Bridget Roby, Grant Manager

Funding Sources & Priority Health Areas



RFP Timeline

Date	Event
September 6, 2018	Request for Proposals Released
October 5, 2018	Notice of Intent Due (strongly encouraged)
November 28, 2018	Last Day to Submit Questions
December 10, 2018	Proposals Due (until 11:59 pm)
April 1, 2019	Anticipated Notice of Funding Decisions
July 1, 2019	Estimated Grant Start Date
June 30, 2023	Estimated Grant End Date

Funding and Eligible Applicants

Funding	Estimate
Estimated Amount to Grant	\$5,142,000 annually*
Estimated Number of Awards	25-30
Estimated Range of Award Amounts	\$100,000 - \$250,000 annually
Estimated Grant Period	July 1, 2019 – June 30, 2023 (4 years)

*Funding is approximate and depends on availability.

Eligible applicants include:

- faith-based organizations
- social service organizations
- community nonprofit organizations
- tribal governments
- community health boards (CHBs)
- community clinics

Eligible Populations

- **Populations of color and American Indians**
- Principle of self-determination – that change must come from within communities and build on community strengths and social and human capital
- Applications focused at **intersections** of race/ethnicity and other identities/communities experiencing inequities are welcome (e.g., LGBTQ people of color, American Indians with disabilities, etc.)



Eligible Priority Health Areas

- Breast and cervical cancer
- Cardiovascular disease
- Diabetes
- HIV/AIDS and sexually transmitted infections (STIs)
- Immunizations for adults and children
- Infant mortality
- Teen pregnancy prevention
- Unintentional injuries and violence

ELIMINATING HEALTH DISPARITIES INITIATIVE | 2018 REQUEST FOR PROPOSALS

Appendix J: Unintentional Injuries and Violence

Part I. Background Information

Unintentional injuries and violence-related injuries can be caused by a number of events, including motor vehicle crashes, falls, home fires, poisonings, drownings, suicide and self-inflicted harm and sexual violence. No matter the circumstances of the event, and even when death does not occur, injuries can have serious, painful and debilitating physical and emotional health consequences affecting individuals, family members, friends, coworkers, employers and communities.

Motor Vehicle Crashes in Minnesota

More people have died in motor vehicle crashes in the U.S. than have died in all of our country's wars, accounting for nearly a third of all injury deaths in the U.S. and almost half of all unintentional injury deaths. More than 80 percent of crash deaths involve drivers or passengers of automobiles and trucks; the remaining 20 percent are bicyclists, pedestrians and motorcyclists.

In Minnesota, motor vehicle-related injuries are now the third leading cause of injury-related death overall but rank first or second among those ages five to 24. About half the serious traumatic brain injuries and 60 percent of spinal cord injuries are the result of motor vehicle crashes.

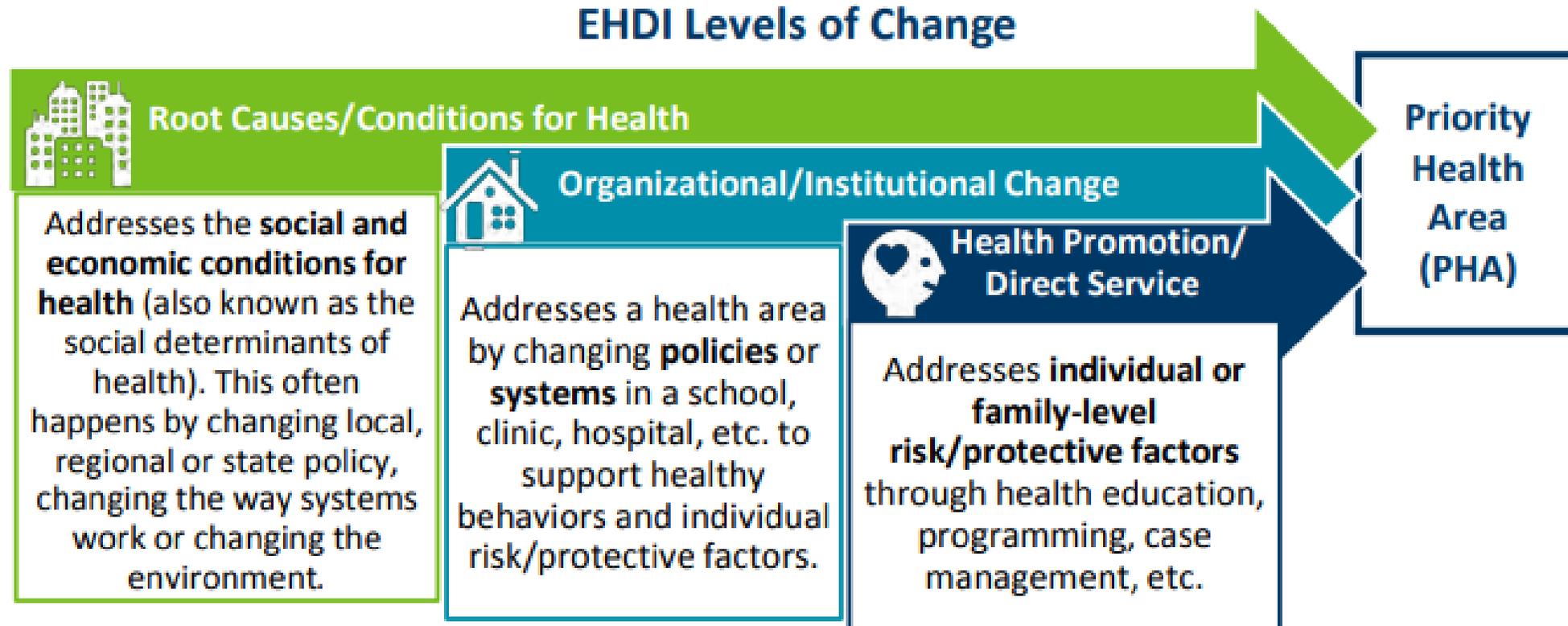
Increased seat belt use, declining rates of drinking and driving, safer road and vehicle designs, improvements in emergency medical services and new acute care technologies have contributed to a steady decline in motor vehicle crash fatalities.

What PHAs are you interested in submitting a proposal for?
(check all that apply)

- Breast and cervical cancer
- Cardiovascular disease
- Diabetes
- HIV/AIDS and sexually transmitted infections (STIs)
- Immunizations for adults and children
- Infant mortality
- Teen pregnancy prevention
- Unintentional injuries and violence



Eligible Levels of Change



① Health Promotion/Direct Service

Delivering health promotion and prevention projects grounded in cultural knowledge and wisdom that contribute to eliminating disparities within one or more PHA through direct service

- Often, but not always, focus on **individual behavior change**.
- **Example:** Delivering a health promotion or prevention curriculum to prevent teen pregnancies
- **Example:** Providing wrap-around services to high-risk pregnant or new moms to reduce infant mortality
- **Example:** Providing exercise classes for older adults at risk of heart disease and stroke



② Organizational/Institutional Change

Participating in or leading efforts that contribute to eliminating disparities in one or more PHAs by changing organizational or institutional policies or changing the way a system in an organization or institution works

- Often means modifying policies or systems to support individual behaviors and address risk and protective factors.
- **Example:** Contributing to or promoting the adoption of teen-friendly clinic policies to support the prevention of HIV/STIs
- **Example:** Contributing to and/or implementing a new policy requiring age-appropriate comprehensive sexual health curricula in a school district
- **Example:** Contributing to or leading the development of a statewide network for sharing best practices related to breast and cervical cancer screening in the American Indian community



③ Root Causes/Conditions for Health

Participating in or leading efforts that target specific social and economic conditions for health (also known as the social determinants of health) and contribute to eliminating disparities in one or more PHAs.

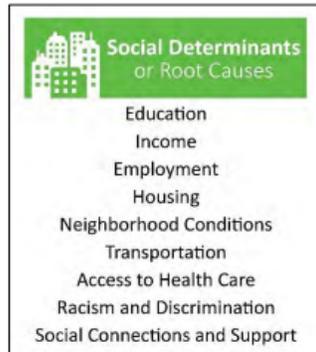
- Often involves changing local, regional, tribal or state policy, changing the way systems work or changing the natural/built environment to address root causes of disparities
- **Example:** Contributing to or leading the development of a coordinated policy agenda that will strengthen affordable and stable housing for pregnant moms in the state to reduce infant mortality [Housing]
- **Example:** Contributing to or leading an effort to eliminate stigma and discrimination against LGBTQ communities of color or American Indians so that people can feel included, welcomed and valued in order to reduce chronic stress and risk behaviors that can lead to HIV/AIDs, STIs or teen pregnancy [Racism and Discrimination]



Appendix A: Root Causes/Conditions for Health

Appendix A: Root Causes/Conditions for Health

For those working in Level of Change 3, the following list of root causes/conditions for health (also known as the social determinants of health) may help applicants think about the many complex and interconnected root causes of health disparities. Please note that the following list is not exhaustive. There are many different ways of thinking about and classifying the root causes of disparities or the conditions needed to achieve health and health equity. The social determinants listed below are also not in order of importance.



Education

Education opens the doors to opportunities and resources that lead to a higher socioeconomic status^{15,16}. More education is associated with higher-paying jobs and the benefits that come with those jobs, like financial security, health insurance, healthier working conditions and social connections. Education also gives us the tools we need to make choices about our health. People who have more years of education tend to live longer and have better health. Education also affects health across generations, because children of more educated parents tend to be healthier and do better in school.

Income

Income is one of the strongest predictors of health^{17,18}. People with higher incomes and greater wealth generally enjoy better health and live longer than people with lower incomes. On average, the more money you make, the healthier you are. Individuals and communities with higher incomes are more likely to have safe homes and neighborhoods, access to health care, grocery stores with healthy foods and good schools. On the other hand, people living in poverty face many hardships that can lead to poor health, such as unsafe housing, lack of access to healthy foods, less time for physical activity, less education and more overall stress. Income also has a significant impact on the health and future income of children, and it can affect health across generations.

Employment

Employment provides income and other resources, such as health insurance, that lead to better health^{19,20}. Our jobs can also give us a sense of identity and purpose, as well as social connections.



Want to work in Level 3?

Appendix A contains brief descriptions of some of the conditions for health that may help you think about the root causes of health disparities.

What level(s) of change are you interested in submitting a proposal for?
(check all that apply)

- Level 1: Health Promotion/Direct Service
- Level 2: Organizational/Institutional Change
- Level 3: Root Causes/Conditions for Health



Poll Question

Eligible Activities/Strategies

- EHDI statute – priority given to projects that are research-based or based on promising strategies
- **Promising strategies**
 - Includes practice-based evidence (PBE) and/or lived experiences of communities of color and American Indians.
- **Research-based projects**
 - Can be tied to and/or include elements that draw from published literature
 - Qualitative and/or quantitative studies.
- **EHDI grantees are not required to use evidence-based practices.**
- All EHDI-funded projects must be grounded in community knowledge and wisdom.



Mandatory Project Requirements

✓ **Community Engagement and Collaboration**

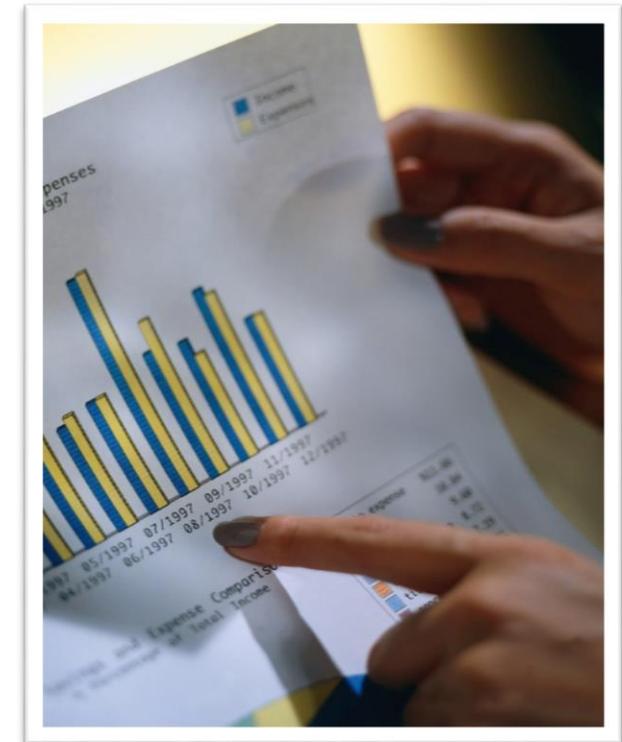
- Involve community members in issue identification, problem-solving and decision-making
- Be rooted in community served
- Complement and build on related activities/initiatives/services in community
- Form and/or strengthen partnerships, including cross-sector partnerships



Mandatory Project Requirements

✓ Evaluation (at least 10 percent of award)

- Internal staff time
- Subcontract with external partners
- Expenses must be documented
- Evaluation spending may include:
 - Developing logic model and evaluation plan (after grant begins)
 - Developing data collection tools
 - Collecting and analyzing evaluation data
 - Attending evaluation training and technical assistance events





Application Process and Instructions

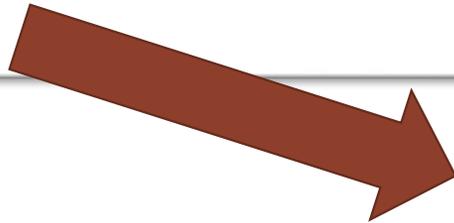
Mohamed Hassan, Grant Manager

Notice of Intent to Apply

Notice of Intent Form

Applicants are **strongly encouraged** to submit a non-binding notice of intent by **October 5, 2018**. The notice of intent form helps us prepare types of applications we will receive so that we can plan ahead for the review process. Please use the following form to notify us of your interest.

[Notice of Intent Form](#)



- **Strongly encouraged** but not required
- Due by October 5, 2018

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CENTER FOR HEALTH EQUITY

EHD RFP Notice of Intent Form

Applicants are strongly encouraged to submit a non-binding notice of intent to apply by October 5, 2018. The Notice of Intent Form helps the Center for Health Equity prepare the review process for the number and types of applications we will receive.

While prospective applicants are strongly encouraged to submit a notice of intent, it is not a mandatory requirement of this RFP. This means that an application may still be considered even if the applicant did not submit a notice of intent; likewise, an applicant is not obligated to submit an application just because they submitted a notice. Please note that you are not bound by the details submitted in your notice of intent; you may change the intended level(s) of change, PHA(s), target populations(s) and/or geographic area(s) served after the notice of intent is submitted.

Organization Name

* must provide value

Application Instructions

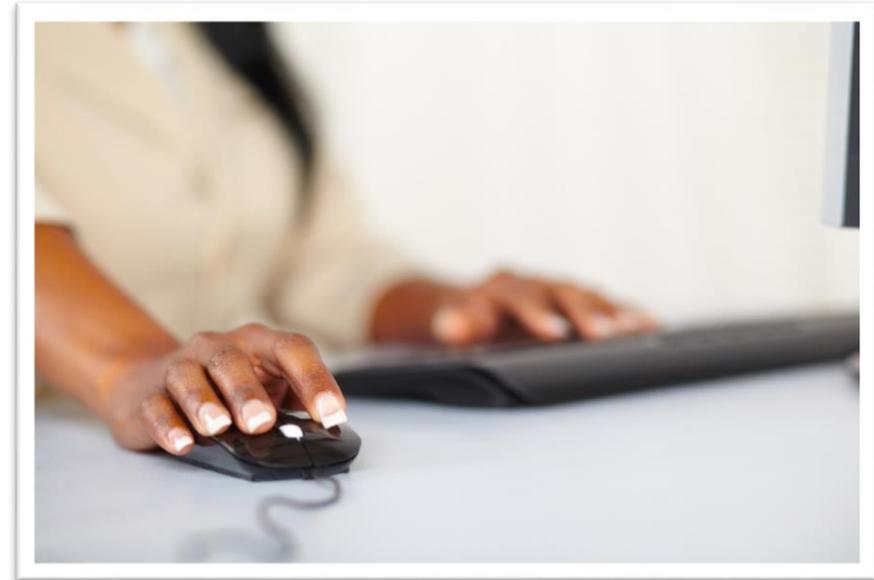
- ***Strongly encouraged*** to submit via email to health.equity@state.mn.us
 - Received no later than **December 10, 2018 by 11:59 pm CST**
- If unable to email, may submit via mail:
 - Minnesota Department of Health
Center for Health Equity
PO Box 64975 St. Paul, MN 55164-0975
 - Single, unbound copy, paper clip (no staples)
 - Postmarked by December 10, 2018



Application Instructions

You must submit the following for your application to be considered complete:

1. Application Form
2. Work Plan
3. Budget
4. Due Diligence Review Form



Part 1: Application Form



Eliminating Health Disparities Initiative Grant Application

Instructions

Please complete all fields in this application. Character limits include spaces. If you experience problems with the application or need the application in a different format, please call 651-201-5813.

Please submit your complete application via email to health.equity@state.mn.us with the subject line **EHDI RFP Application – [insert applicant organization name]**. If you are unable to submit via email and need to submit via mail, please send your application to the address at the end of the application.

Remember, you must submit the following in order for the application to be considered complete:

1. Application Form (*this form*)
2. Work Plan
3. Budget
4. Due Diligence Review Form

General Information

Lead Organization

Lead Organization Name:

Executive Director/Chief Executive Officer:

Address:

Federal Employer ID (EIN): Minnesota Tax ID:

Racial/Ethnic Makeup of Lead Organization (*optional**):

	TOTAL NUMBER	NUMBER OF PEOPLE OF COLOR OR AMERICAN INDIANS ¹
STAFF ON EHDI PROJECT ²	<input type="text"/>	<input type="text"/>
LEADERSHIP ³	<input type="text"/>	<input type="text"/>
BOARD ⁴	<input type="text"/>	<input type="text"/>

¹ People of color and American Indians may include anyone who identifies as a person of color or American Indian. If an organization has a predetermined definition, they may use that to determine the numbers above.

² Staff on EHDI project should include all staff and supervisors who will be paid for partly or entirely out of the EHDI grant budget or through any in-kind or matching funds. Do not include staff paid for by indirect costs.

- Download from EHDI RFP webpage
- Adobe Acrobat (free download)
- Character limits enforced automatically, include spaces
- Keyboard shortcuts
- Optional table on page 1

Part 2: Work Plan



Eliminating Health Disparities Initiative Work Plan

JULY 1, 2019 – JUNE 30, 2021 (FIRST TWO YEARS ONLY)

Instructions: Add and/or delete headings, rows and tables as needed to align with your project. For example, if your project focuses on Level of Change 2, delete the objectives, strategies and tables for Level of Change 1 and Level of Change 3.

Grantee Organization:

Level(s) of Change:

Project Name:

Population(s) Served:

Priority Health Area(s):

Level of Change 1: Health Promotion/Direct Service

OBJECTIVE 1A:

STRATEGY 1A.1:

ACTIVITY	LEAD PERSON & SUPPORT STAFF	PARTNERS INVOLVED	TIMELINE	ACTIVITY OUTPUT

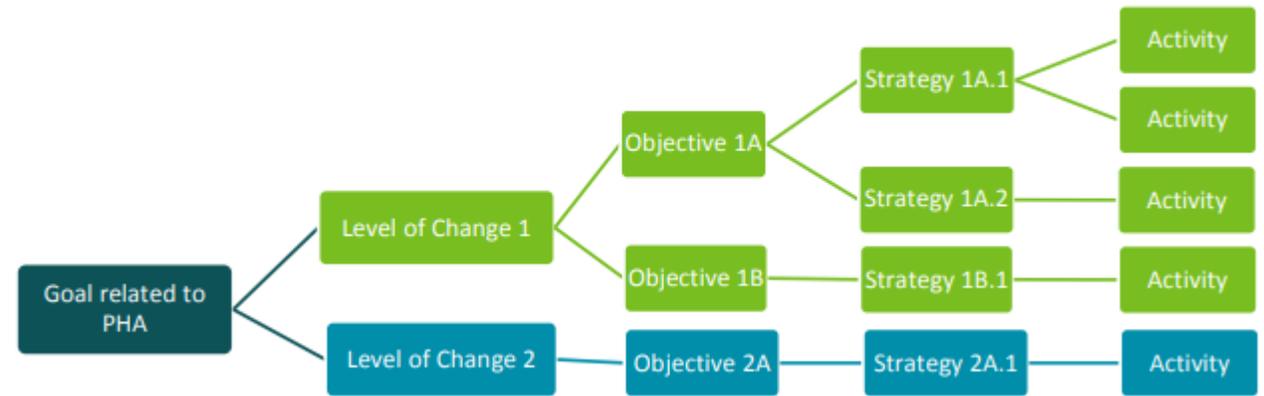
- Download template from EHDI RFP webpage
- First two years only (2019-21)
- May not exceed 12 pages
- 11-point Calibri font
- Tip: Craft objectives, strategies and activities in work plan before completing *Project Narrative* in Application Form

Sample Project Frameworks

Sample EHDl Project Framework 1



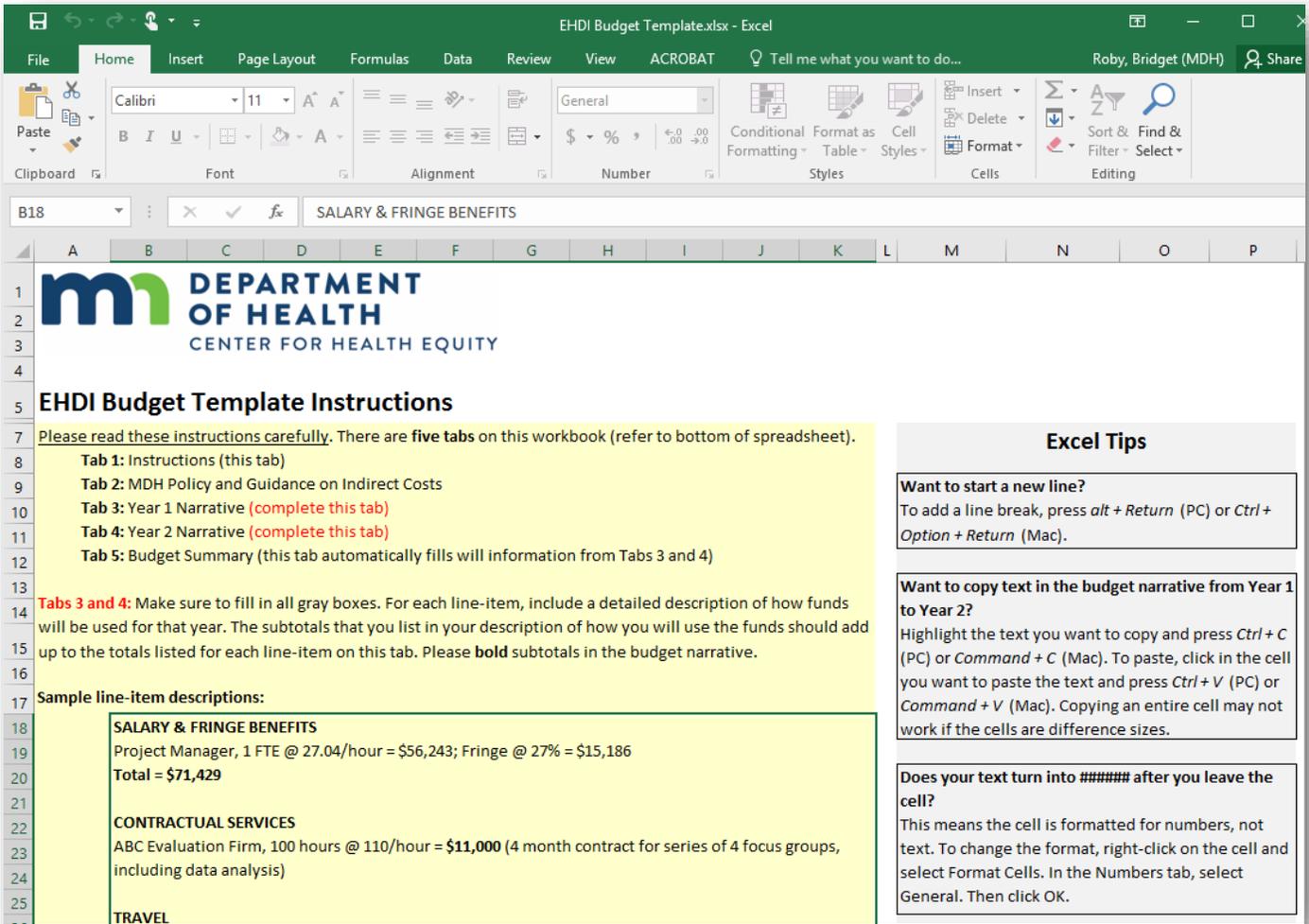
Sample EHDl Project Framework 2



- Page 19 of RFP -

- Tips for writing objectives, strategies and activities in RFP (pages 19-20)

Part 3: Budget



- Download template from EHDI RFP webpage
- First two years only (2019-21)
- 5 tabs/sheets, instructions included
- Round expenditures to the nearest dollar
- Detailed instructions in RFP (pages 21-23)

Due Diligence Review Form

The Minnesota Department of Health (MDH) conducts pre-award assessments of all grant recipients prior to award of funds in accordance with federal, state and agency policies. **The Due Diligence Review is an important part of this assessment.**

These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

Organization	Information
Organization Name:	
Organization Address:	
If the organization has an Employer Identification Number (EIN), please provide EIN here:	
If the organization has done business under any other name(s) in the past five years, please list here:	
If the organization has received grant(s) from MDH within the past five years, please list here:	

Section 1: To be completed by all organization types

Section 1: Organization Structure	Points
1. How many years has your organization been in existence?	

Part 4: Due Diligence

- Download form from EHDl RFP webpage
- State policy requires pre-award review of finalists
 - Due Diligence Review Form
 - Review of past performance
- Helps us understand applicant capacity and identify opportunities for TA

Questions

We request that all questions regarding this RFP be submitted through the online [Question Submission Form](#). If you need to submit a question through an alternative format, please call 651-201-5813 for assistance.

MDH staff will post all questions and answers within seven business days on the [RFP Questions and Answers](#) page. Questions will generally be posted on Mondays.

Please submit questions no later than November 28, 2018. To ensure all applicants have access to the same information, questions submitted after that date will not be answered nor posted to the website.



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Eliminating Health Disparities Initiative RFP Question Submission Form

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First, choose a question category. Then type and submit your question.

RFP Question Category

* must provide value

Select Question Category

Submit

Questions? Submit them through the online submission form.

Application Review and Selection Process

- Review committee representing communities served by EHDI + MDH staff and partners
- Will review all eligible and complete applications received by deadline
- MDH will review committee recommendations and make final decisions, balancing by factors including:
 - Review team scores
 - Representativeness of PHAs
 - Representativeness of populations
 - Representativeness of 3 levels of change
 - Geographic distribution of services
 - Total funding available



Note: The award decisions of MDH are final and not subject to appeal.

Appendix B: Application Scoring Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

Applicants are encouraged to score their own application using the evaluation score sheet before submitting their application. This step is not required, but may help ensure applications address the criteria evaluators will use to score applications.

Rating Levels

Rating or Score	Description
Excellent or 5	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; no significant weaknesses.
Very Good or 4	Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; no significant weaknesses.
Good or 3	Generally meets minimum requirements; significant weaknesses, but correctable.
Marginal or 2	Lack of essential information; low probability for success; significant weaknesses, but correctable.
Unsatisfactory or 1	Fails to meet minimum requirements; needs major revision to make it acceptable.

Scoring Sections

I. ORGANIZATIONAL VALUES AND CAPACITY (30 POINTS)

Criteria	Score (1-5)
1. a. Lead organization's history, mission and major programming are aligned with and/or complement CHE's mission, values and approaches and EHDl program principles.	
b. Lead organization shows a strong history of working to eliminate health disparities and advance racial equity.	
2. The EHDl grant complements and/or builds off the organization's current programming and broader work.	
3. The organization fosters trust and belonging with the population(s) served by the grant, including: <ul style="list-style-type: none"> the organization's history of co-creation with the population(s) served, and the lived experience and/or training of their organization's staff. 	
4. The organization's staff, leadership and board reflect the population(s) they propose to serve. If staff, leadership and board are not reflective of the population(s) served, the applicant shows significant and genuine efforts being made to improve in this area.	

Application Scoring

- Numerical scoring system out of 150 possible points
 1. Organizational Values and Capacity (30 pts)
 2. Project Narrative (40 pts)
 3. Community Engagement/Collaboration (30 pts)
 4. Evaluation and Impact (20 pts)
 5. Work Plan (15 pts)
 6. Budget (15 pts)
- Applicants *strongly encouraged* to score their own application prior to submitting application
- Pages 34-36 of RFP

How to Use Appendices C-J

Part I: Background Information

- Extent of Health Issue
- Disparities
- Risk Factors
- Protective Factors
- Social Determinants
- PHA Specialists Contact Information

Part II: Examples of Objectives, Strategies and Activities

- NOT a blueprint for your project or a menu of activities
- Applicants encouraged to propose their own research-based or promising strategies and/or adapt and build upon these practices

Part III: Selected Resources

RFP Part 5: Appendices	30
Appendix A: Root Causes/Conditions for Health	30
Appendix B: Application Scoring Criteria	34
<i>Appendices C - J: Priority Health Area Information and Examples</i>	
Appendix C: Breast and Cervical Cancer	37
Appendix D: Cardiovascular Disease	44
Appendix E: Diabetes	51
Appendix F: HIV/AIDS and Sexually Transmitted Infections (STIs).....	57
Appendix G: Immunizations for Adults and Children.....	65
Appendix H: Infant Mortality	70
Appendix I: Teen Pregnancy Prevention	76
Appendix J: Unintentional Injuries and Violence	82

Skill-Building Sessions

Topic	Description	Date and Time	Location
Building a Case for Your Project	<p>What are research-based projects and projects based on promising strategies? What if you use an evidence-based model that has been culturally adapted or a practice that does not have a research base but has been honed and developed from many years of experience of what works?</p> <p>This session is for potential applicants who want to:</p> <ul style="list-style-type: none"> • understand the different ways practices and strategies are classified to show their effectiveness (research-based, promising, emerging, practice-based, etc.), and • learn about different ways to tell your story in your application. 	<p>October 17, 2018 6-8 pm</p>	<p>Neighborhood House, 179 Robie St. E., St. Paul, MN 55107</p>
Moving Your Project Upstream (to Levels of Change 2 & 3)	<p>This session is for potential applicants who want to:</p> <ul style="list-style-type: none"> • expand beyond providing programs that target individual behavior change/direct service, • address the root causes of health inequities through institutional and societal changes, and • identify program activities that address social and economic conditions for health. 	<p>October 30, 2018 2-4 pm</p>	<p>UROC, 2001 Plymouth Ave. N., Minneapolis, MN 55411</p>

Questions?



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Thank you!

