

# Eliminating Health Disparities Initiative Grant Review Process Summary

MEMO TO APPLICANTS AND PARTNERS | APRIL 2023

The Minnesota Department of Health (MDH) Center for Health Equity released the sixth Eliminating Health Disparities Initiative (EHDI) Grant Request for Proposals on October 3, 2022. Since 2001, the EHDI approach has been to support organizations and projects run by and for communities of color and American Indians to develop and implement strategies that are effective in reaching their communities.

The grant application period closed on December 19, 2022. The community review process began in 2023. The process engaged more than 100 community members and partners in the review of applications. The Commissioner of Health made final funding decisions in April 2023 based on community recommendations, then all applicants were notified.

State law prohibits MDH from sharing the names of those selected for funding, and other review process data, until we have completed negotiating all grant agreements. We expect to share the names of those selected for funding in July 2023.

In the meantime, we would like to offer summary data about the applications and the review process. If applicants have additional questions, they are welcome to contact the Center for Health Equity at [ommh@state.mn.us](mailto:ommh@state.mn.us) or 651-201-5813.

## Funding Requested

The total funding requested by all applicants was **\$21,712,198**. Total funding available is **\$5,142,000**, which consists of General funds and Temporary Assistance for Needy Families (TANF) funds reserved for teen pregnancy prevention initiatives.

### General Funds (State Funds)

**Amount Available = \$3,142,000**

**Amount Requested = \$19,246,305**

92 applicants requested General Funds only

### TANF (Federal Funds)

**Amount Available = \$2,000,000**

**Amount Requested = \$2,465,893**

6 applicants requested TANF Funds only

16 applicants requested both General Funds and TANF Funds

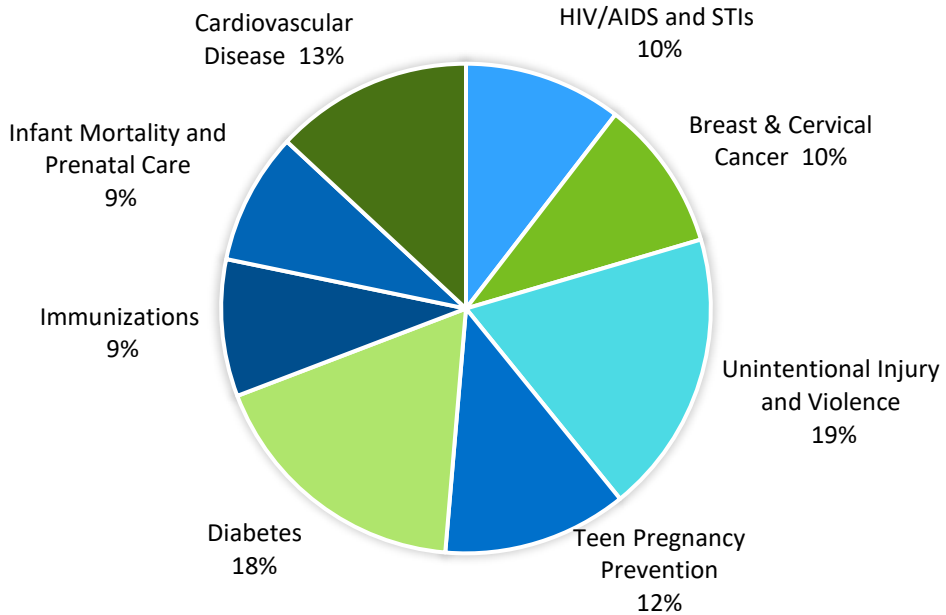
## Applicants

MDH received **115 applications**. 114 applications were deemed eligible and complete and were reviewed by the community review committee.

## Priority Health Areas

The graph below (Figure 1) shows the various priority health areas of focus among the applicants. Many applicants indicated that they would work on more than one priority health area.

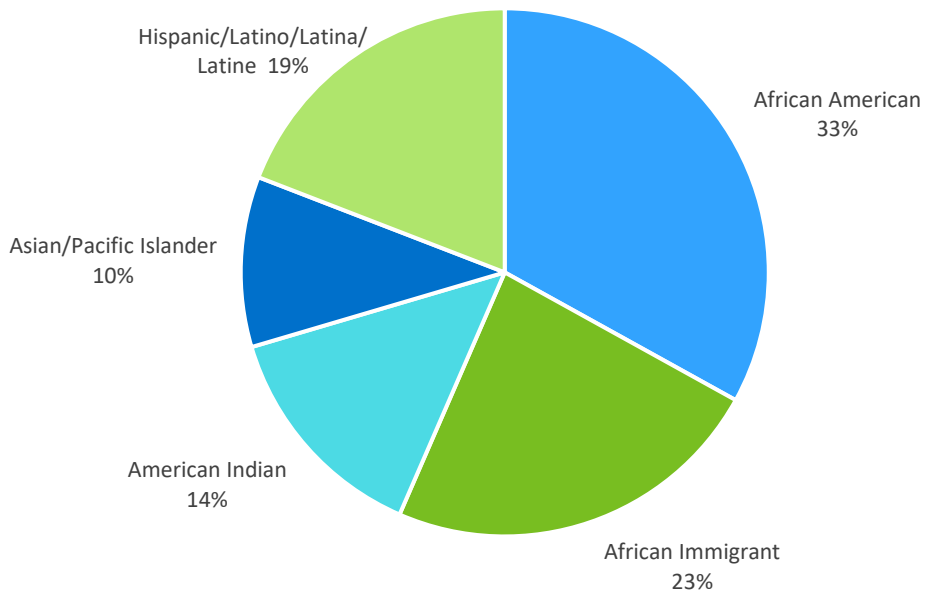
**Figure 1: Selected Priority Health Areas**



**Race and Ethnicity**

Based on applicants’ descriptions of the primary racial/ethnic groups to be served by their proposal, the 114 applicants were categorized into five categories in order to assess racial/ethnic groups: African American, African Immigrants, American Indian, Asian/Pacific Islander, and Hispanic/Latino/Latina/Latine. The graph below (Figure 2) shows the breadth of racial/ethnic groups to be served among applicants. Many applicants indicated that they would serve more than one racial/ethnic group.

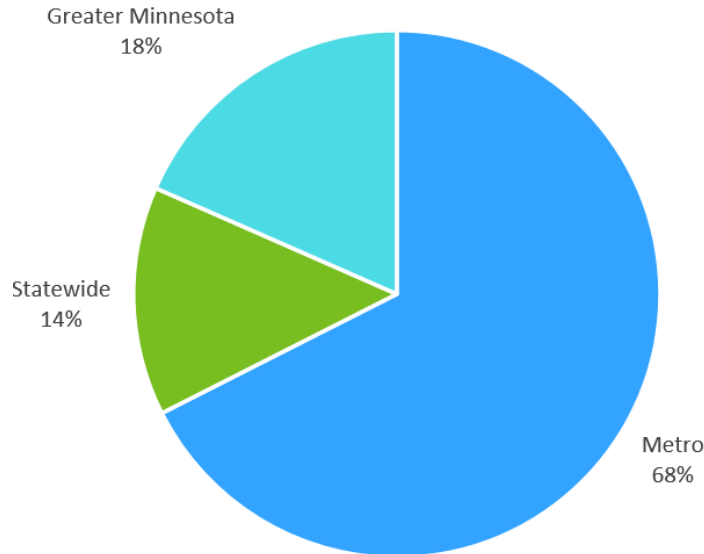
**Figure 2: Racial/Ethnic Groups to Be Served**



## Geographic Areas

Based on applicants' descriptions of the geographic area to be served by their proposal, the 114 applicants were categorized into three categories in order to assess geographic reach: metro, greater Minnesota and statewide. The graph below (Figure 3) shows the geographic areas to be served among applicants. Several applicants indicated that they would serve more than one geographic area.

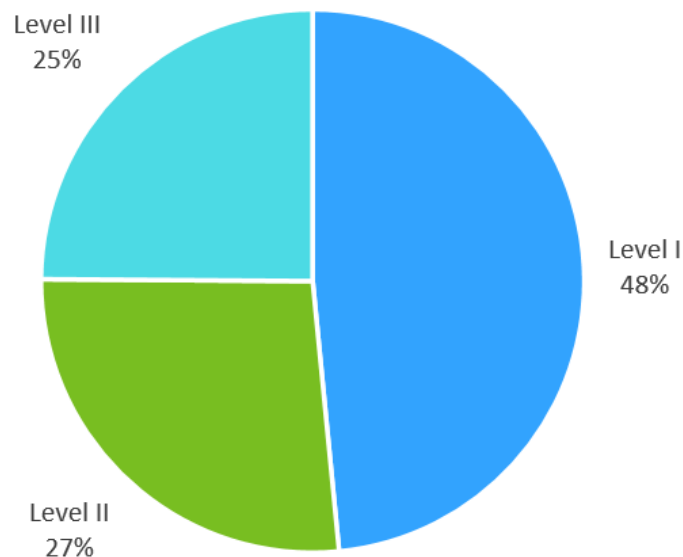
**Figure 3: Geographic Areas to Be Served**



## Levels of Change

The graph below (Figure 4) shows the levels of change to be addressed by the applicants. As a summary, Levels of Change include: Level 1 = a focus on individual change; Level 2 = a focus on changing organizational or institutional policies; Level 3 = a focus on targeting specific social and economic conditions for health (also known as the social determinants of health). Several applicants indicated that they would work on more than one level of change.

**Figure 4: Selected Levels of Change**



## Review Process

### Community Review Committee

MDH received more than 180 applications to participate in the review process for roles as a reviewer, facilitator or note taker. MDH selected and trained 111 reviewers, 16 facilitators and 16 note takers. Below is a summary of demographic information for the reviewers who participated in the review process. Note that people hold - and reported - intersecting identities.

- 53% of reviewers identify as people of color and/or American Indians,
- 16% of reviewers live in Greater Minnesota,
- 17% of reviewers identify as LGBTQ+ (lesbian, gay, bisexual, trans, queer, plus), and
- 19% of reviewers identify as having a disability.

Selected reviewers identified lived experience and/or expertise in the following areas:

**Figure 5: Reviewers’ Experience and Expertise**



### Review Team and Scores

Reviewers were divided into teams of five to seven people. Each of the sixteen teams reviewed between six to eight applications. In addition to offering funding recommendation for each application, reviewers individually scored each application out of a total 150 possible points. Each applicant’s final score was based on the **average score** of all team members who reviewed the application. Of the 114 applicants:

- 43 applicants received an average team score of  $\geq 130$  (38%)
- 49 applicants received an average team score between 120-129 (43%), and
- 22 applicants received an average team score of  $\leq 119$  (19%)

Finally, MDH balanced the review teams’ recommendations with other factors including, but not limited to: geographic distribution of services, total funding, representativeness of populations served by EHDI, representativeness of priority health areas, and representativeness of the three EHDI levels of change.