Increasing Health Care Access and Eliminating Health Disparities by Promoting Community Health Workers and Promotoras/es

Micro Contract Request

Proposal Submission Deadline

A. Proposal must be submitted no later than 5:00 PM Pacific Time (PT) on May 01, 2012.

B. Please read all instructions prior to submitting your proposal.

Funding Availability:

The purpose of this proposal request is to promote the involvement of Community Health Workers (CHWs) and Promotoras/es to impact health care access and health disparities in vulnerable populations located in Region IX. “Vulnerable” includes racial, ethnic and limited-English proficient populations, the uninsured and those who are underinsured. CHWs and Promotoras/es will be expected to develop and implement events and/or activities which:

- Educate a minimum of 200 community members from vulnerable populations about their benefits under the Affordable Care Act, e.g., clinical and preventive services, Medicare benefits, the Pre-Existing Condition Insurance Plan, etc. and/or

- Educate a minimum of 200 community members from vulnerable populations with information that will enable them to make informed health decisions for themselves and their families, to know what health services are available to them, to know how to access them, and other valuable information about heart disease, stroke, specific cancers, diabetes, HIV/AIDS, asthma, hepatitis B, and overweight, obesity, and lower immunization rates.

One-time awards will be funded up to a maximum of $3,000.

Who can apply:

Funding is available for those eligible entities from Arizona, California, Hawaii, Nevada, and the six U.S. - Affiliated Pacific Islands: American Samoa, Commonwealth of the Northern Mariana Islands, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau.

Eligible entities are public and private non-profit organizations, community and faith-based organizations, health professional organizations, colleges and universities, community health centers, hospitals, health departments, and tribal and urban Indian organizations. NOTE: Eligible entities will be expected to demonstrate skills in
cultural and linguistically relevant strategies as evidenced by the prior utilization of CHWs/Promotoras in communities at-risk.

Applicants demonstrating collaboration or potential for sustainability will have priority. Innovative projects are encouraged.

**Background**

The U.S. Department of Health and Human Services Office of Minority Health (OMH) was created in 1986 and is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities. Poor health outcomes for African Americans, Hispanic Americans, American Indians and Alaska Natives, Asian Americans, Native Hawaiians, and Pacific Islanders are apparent when comparing their health indicators against those of the rest of the U.S. population. These populations experience higher rates of illness and death from health conditions such as heart disease, stroke, specific cancers, diabetes, HIV/AIDS, asthma, hepatitis B, and overweight, obesity, and lower immunization rates. OMH's primary responsibility is to improve health and healthcare outcomes for racial and ethnic minority communities by developing or advancing policies, programs, and practices that address health, social, economic, environmental and other factors which impact health.

OMH works in partnership with communities and organizations in the public and private sectors. These collaborations support a systems approach for eliminating health disparities, national planning to identify priorities, and coordinated responses through focused initiatives. OMH provides funding to state offices of minority health, multicultural health, and health equity; community and faith-based organizations, institutions of higher education, tribes and tribal organizations; and other organizations dedicated to improving health.

**The Affordable Care Act:**

The Affordable Care Act was signed into law on March 23, 2010 by President Barack Obama. The ACA has accelerated the move to a healthier population through its provisions to improve quality and population health and to promote community and clinical prevention. The creation of a National Prevention Strategy was required by the ACA, and includes many action items that public, private, nonprofit organizations, and individuals can use to reduce preventable death, disease, and disability. The Strategy’s reach and impact relies on a cross-sector collaborative, a “Health in All Policies” approach. An increased emphasis on prevention is a consistent theme throughout the ACA, with its provisions related to community-based initiatives to promote population health.

In 2011, HHS launched the **HHS Action Plan to Reduce Racial and Ethnic Health Disparities-A Nation Free of Disparities in Health and Health Care.** The HHS Action Plan is the first Department Plan to commit to continuously assess the impact of all policies and programs on racial and ethnic health disparities. Furthermore, the
Department can now promote integrated approaches, evidence-based programs and best practices to reduce these disparities.

The HHS Disparities Action Plan complements the 2011 National Stakeholder Strategy for Achieving Health Equity, a product of the National Partnership for Action (“NPA Stakeholder Strategy”). The HHS Disparities Action Plan builds on national health disparities’ goals and objectives recently unveiled in Healthy People 2020, and leverages key provisions of the Affordable Care Act and other cross-cutting HHS initiatives. **Goal II of the HHS Action Plan is Strengthen the Nation’s Health and Human Services Infrastructure and Workforce; and related Strategy II. B. Promote the use of community health workers and Promotoras.**

**Focus Area**

By promoting the involvement of Community Health Workers and Promotoras/es, successful applicants will address at least one of the following four (4) topic areas AND incorporate at least one of the five (5) goals from the National Stakeholder Strategy to Eliminate Health Disparities (NPA) [http://minorityhealth.hhs.gov/npa/](http://minorityhealth.hhs.gov/npa/):

1) Decreasing Viral Hepatitis by improving screening rates for Hepatitis B in Asian Americans;
2) Increase seasonal flu vaccine messaging in promotor activities;
3) Decrease obesity and overweight in children by implementing Let’s Move activities at local level; and
4) Implement Affordable Care Act Prevention Provisions outreach and educational activities.

Not all Americans have equal access to affordable health care. Low-income and racial and ethnic minorities often have higher rates of disease, fewer treatment options, and reduced access to care. In the United States and U.S. Affiliated Pacific Islands, racial and ethnic populations as well as limited English-speaking populations are at increased risk for health and health care disparities.

With the growing national diversity, the disparity between the racial and ethnic composition in the healthcare workforce and that of the U.S. population widens as well. **Community Health Workers (CHWs) and Promotoras/es** (also known as **community health representatives, health navigators, health coaches, health workers, peer specialists,** etc.,) are individuals who increasingly provide health education and introduce health information services to at-risk communities. Typically, these trained workforces are trusted leaders from within the communities at-risk. As a group, their services are culturally and linguistically relevant and serve as a key link between community members and health and human services organizations and providers.

Because CHWs and Promotoras/es are trusted leaders in the community, they are in a unique position to positively impact health care access and health disparities and can effectively transmit new and existing health information to the vulnerable populations in
their communities. They are often aware of the health care resources which exist and how to access them. They can communicate with their community in their primary language and know which mechanisms are most effective in sharing information. For example, placing information in newspapers may work in one populations, public service announcements on the radio may work better in different community.

**Application Requirements:**

All organizations applying for federal funding must meet the requirements outlined below:

- Application narrative should **not exceed 5 pages** *(Includes Cover Page)*
- Application narrative should be prepared in 12 Point Times Roman font.

**Contact Information : - See Cover Page-Form A-2012:**
- The **Project Director** is the person who will be responsible for implementing the proposal.
- Provide the phone number, e-mail address and fax number for the Project Director.
- Must be 501 C3 certified non-profit- entity;
- Tax ID EIN # (Employee Identification Number)
- Dun and Bradstreet Number (DUNS) can be obtained at the Dun and Bradstreet website [www.dnb.com](http://www.dnb.com) or by calling 1-866-705-5711. It takes 3-5 business days to process and is **Required for all Federal Grants and Contract applications.**
- Central Contract Registration Number (CCR) can be obtained at [https://www.bpn.gov/ccr](https://www.bpn.gov/ccr) or by calling 1-866-606-8220. You will need your DUNS number to apply. It takes 3-5 business days to process and is **Required for Contract applications.**
  - **NOTE:** ALL CCR numbers MUST be renewed or “refreshed” every year and a New CAGE identifier is issued. Applicants with an **Inactive DUNS and/or CCR will be disqualified automatically.**

**Background Section (20) points):**

**Briefly:**
- State your organization’s mission and history.
- Outline your organization’s services.
- Provide information on how your organization works with vulnerable population to eliminated health disparities and increase access to health care.
- State how your organization utilizes the community health worker/promotora/e model to accomplish its work.

**Proposed Activity Description (35 points):**

- **Target Population and Need:** Describe the vulnerable population that will be the focus of this project, where they are located and any other unique characteristics. Use statistical information to support your decision to focus on this group. **NOTE:** For
data, go to http://www.minorityhealth.hhs.gov and Quick Health Data Online at www.healthstatus2020.com; state, territory or U.S. Census Data, or indicate where data obtained.

- **Proposed Project:** Indicate which (or both) of the following will be the focus of your project:
  - Educate a minimum of 200 community members from vulnerable populations about their benefits under the Affordable Care Act, e.g., clinical and preventive services, Medicare benefits, the Pre-Existing Condition Insurance Plan, etc. and/or
  - Educate a minimum of 200 community members from vulnerable populations with information that will enable them to make informed health decisions for themselves and their families, to know what health services are available to them, to know how to access them, etc.

- **Project Goals and Activities:** State your project goal(s) and describe what you propose to do as well as what the project will accomplish (performance measures).

- **Planned Activities:** Provide an outline of the specific activity steps, including timelines, explaining how the proposed project will be accomplished.

- **Partnerships:** If your project will include partners, specify who they are and what their role will be.

**Project Evaluation (25 points):**

Beyond the 200 minimum community member encounters performance measure, describe any additional performance measure(s) to be used to evaluate the success of the project (Examples of evaluation methods can include pre-post test to measure to measure knowledge gained as a result of this project.) Be as specific as possible.

**Budget (20 points) – See Form B:**

Indicate the budget expenses associated with this project in the table provided. Itemize expenses. Other sources of funding, other than what is being requested from OMH, must be included. This includes in-kind contributions from your organization, your partners, etc.

- **NOTE:** Examples of activities that can be funded include: health provider trainings; educational sessions at community centers, health centers/departments/hospitals; social services trainings, faith-based/church workshops; outreach workshops/cultural heritage events; social/civic club meetings/events; fraternal meetings, health fairs, seminars, etc.

- **NOTE:** Do not include any food, beverage, refreshment and decorating supply items (these costs are unallowable).
Please submit paper copy of your application (or an electronic version) by May 01, 2012 at 5:00 PM Pacific to:
Ray Morales, OMH Program Assistant
DHHS/OASH/ORHA/OMH
90 Seventh Street, 5-010
San Francisco, California 94103
Phone: (415) 437-8040, or Fax: 415-437-8004
Email: Ray.Morales@hhs.gov

For questions related to the application, please contact:
Dr. Kelly Acton
Deputy Regional Health Administrator, Region IX
415-437-8096
Kelly.Acton@hhs.gov

**TIMELINE:** Applicants will be notified of their successful application by the Regional Office of Minority Health on or before June 15, 2012. Final payment will be issued 30 days after completion of the project and only after final deliverables are inspected, reviewed and accepted by Region IX Office of Minority Health. Activities must be completed by December 31, 2012. Submission of a proposal does not guarantee funding by OMH.

**RESOURCES**

**DATA:**


Health Care Reform/Affordable Care Act - [www.whitehouse.gov/healthreform](http://www.whitehouse.gov/healthreform)


National Vaccine Plan - [www.nvop.gov](http://www.nvop.gov)
Healthy People 2020 - [www.healthypeople.gov](http://www.healthypeople.gov)

**Institute of Medicine (IOM),** *In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce.* Washington, DC: The National Academies, Press, 2004

Let’s Move  [http://www.letsmove.gov/kids](http://www.letsmove.gov/kids)

The National Stakeholder Strategy to Eliminate Health Disparities (NPA)  
[http://minorityhealth.hhs.gov/npa/](http://minorityhealth.hhs.gov/npa/)
Increasing Health Care Access and Eliminating Health Disparities

By Promoting Community Health Workers and Promotoras

Contact Information:

*Organization Name: ____________________________________________

*Mailing Address, City, State/Jurisdiction, Zip: ___________________________

*Executive Director, or: ____________________________________________

Project Director: _________________________________________________

*Phone Number: _________________________________________________

*Fax Number: ___________________________________________________

*E-mail Address: _________________________________________________

Organization’s Website (if available): _________________________________

*Organization’s Employer Identification Number (EIN)/Tax Exempt Number:

*Certified 501 C 3:

*Dun and Bradstreet Number (DUNS):

*Central Contractor Registration Number (CCR):

**Signature of Official with Contracting Authority: ________________________

*Print Name: _____________________________________________________

*The application will not be processed without the required information.
**This is the person with the legal authority to enter into a contractual obligation on behalf of the organization. For proposals submitted via e-mail, a typed electronic signature with a statement “this typed signature represents an official signature” is acceptable.
Project Name: ______________________________

Examples of educational activities that can be funded include: CHW and promotora outreach and education workforce training and development; health provider trainings; educational sessions at community centers, or non-traditional health centers/health departments/hospitals; faith-based, parish or church workshops; cultural, or heritage events; social or civil club meetings; sorority meetings/events; and other innovative venues where communities congregate.

Educational materials on programs, benefits, and rights under the ACA are available FREE online at www.healthcare.gov. Materials on health and the ACA purchased or printed with this funding must be scientifically based, medically accurate, and up-to-date.

Funding will **not** be provided for the following:
- capital building projects, overhead, or indirect costs
- food and beverages
- research, direct clinical services, lab services and testing kits
- printing and copying over $1,000
- promotional items (i.e. t-shirts, sunscreen, pens, pedometers)
- creation of books, DVDs and CDs—this does not include reprinting of HHS materials
- fundraising activities
- purchase of equipment

1. List how you will use requested funds for this project in the table below.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost ($)</th>
<th>Requested Funds</th>
<th>Other Funding Source</th>
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1. List other sources of funding to support the activity(s) budget, including in-kind support.

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<tr>
<th>Co-Sponsors/Partnerships</th>
<th>Funding</th>
<th>In-Kind</th>
<th>Total Contribution</th>
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2. If your budget for the requested funds includes salaries or staff time, please provide a justification below.