

Advancing Health Equity through Grant-Making

A Continuous Learning Process for Collaboration, Negotiation & Humility

ASTHO Health Equity Webinar

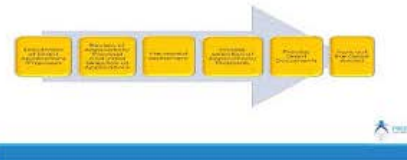
February 20, 2018

Johnnie (Chip) Allen, MPH
Director of Health Equity

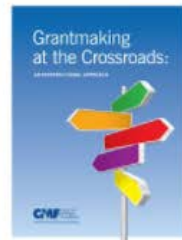
Grant-Making is Everywhere



Grant Making Process



Participatory Grantmaking: Draft Overall Framework



CYCLE 1/ GOAL 1 STRENGTHEN SYSTEMS OF HEALTH	12/06/2017	02/02/2018	05/17/2018
CYCLE 2/ GOAL 2 IMPROVE COMMUNITIES	04/13/2018	05/15/2018	06/20/2018
CYCLE 3/ GOAL 3 BUILD THE FOUNDATION FOR A HEALTHY LIFE	07/06/2018	08/31/2018	12/13/2018



Incorporating Health Equity Within Grants

Understanding Central Challenges

- In State Fiscal Year 2017, ODH provided over 160 million dollars in grant/subsidy agreements; In State Fiscal Year 2018, these totaled over \$121 million.
- Differing priorities from categorical funders.
- Programs with a common mission, lack of a Syndemic Orientation.
- Scarcity of health equity subject-matter experts within programs.
- Need a centralized information repository to track recommendations.

Key Point to Remember

Even if you do not currently have an Office of Health Equity, you can still incorporate health equity into your funding announcements.

Focus on the “Eight Equity Essentials**”**

Eight Equity Essentials

Incorporating Health Equity Language into Funding Opportunity Announcements: Example Language for State Health Agencies

<Name of State Health Agency> supports initiatives that are proactive in the pursuit of health equity. To this end, all solicitations are expected to incorporate interventions which contribute to a sustained and multifaceted approach to overcome health disparities and health inequities in <state name>.

A. Health Equity Requirements:

<Name of State Health Agency> is committed to eliminating health inequities. Racial and ethnic minorities and <state name> economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., program narrative, objectives, etc.) applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem being addressed by this funding opportunity.
- 2) Identify specific group(s) or population segments to be served by the funding opportunity who experience a disproportionate burden of disease, as well as the health condition(s) or problem(s) being addressed (this information must be supported by data).
- 3) Describe how services or activities provided within this proposal will be delivered in an equitable manner to all populations served and especially those currently underserved, socially disadvantaged, and ethnically diverse groups, which include services or activities that are culturally and linguistically appropriate.
- 4) Explain and identify how specific social and environmental conditions (social determinants of health) put people and communities who are already disadvantaged at increased risk for health inequities.
- 5) Outline concrete steps the agency will take to address the social determinants of health.
- 6) Explain how proposed program interventions will be evaluated to address this problem, including expected outcome measures and benchmarks.
- 7) Link health equity interventions in the grant proposal to the goals and strategies in the [National Stakeholder Strategy for Achieving Health Equity](#), developed by the Office of Minority Health's National Partnership for Action.
- 8) Demonstrate how the proposed program will adhere to the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#) and will consider the need for language services modifications for individuals with limited English proficiency, as well as other communications needs.

- ***Extent of the health disparity/inequity.***
- ***Identify specific group(s) who experience a disproportionate burden of the health issue or disease.***
- ***Deliver services in an equitable manner.***
- ***Identify Social Determinants of Health (SDOH) connected to the health problem.***
- ***Specific concrete steps to address SDOH.***
- ***Evaluate effect/impact of interventions***
- ***Link to National Stakeholder Strategy***
- ***Demonstration of cultural competence.***

Objectives of Health Equity Language

- **Achieve 100% compliance for programs to incorporate health equity throughout the entire lifecycle of their grants (as opposed to being an afterthought).**
- **Empower program staff and applicants to identify and respond to the root causes of health inequities for funded activities.**

Challenges & Solutions

Challenges

- Differing priorities from categorical funders.
- Lack of a Syndemic Orientation among programs.
- Lack of health equity subject-matter experts within programs.
- Need a centralized information repository to track activities.

Solutions

- Systematic process to incorporate health equity into RFPs.
- Strategies which achieve program objectives and address health inequities.
- Build health equity expertise in programs.
- Coordinate interventions among programs.

Strategies to Overcome Central Challenges

- **Implement systematic processes to incorporate health equity concepts in grants.**
- **Program interventions must be broad enough in scope to impact health inequities.**
- **Coordinated interventions to achieve synergy.**
- **Implement health equity strategies through local public health activities.**

How did we do it?

Step 1

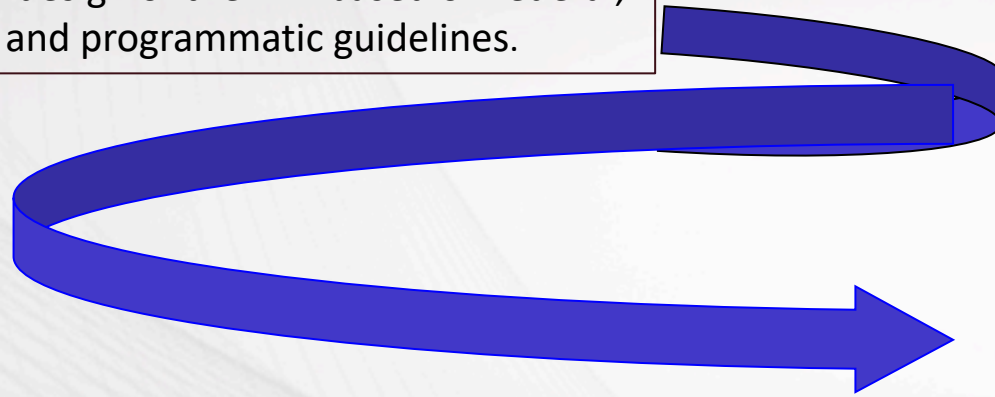
Incorporate the *Eight Equity Essentials* throughout the lifecycle of the grants process.

When Should Health Equity be Incorporated in the Grant Lifecycle?

1. Public Health Program

Initial design of the RFP based on federal, state and programmatic guidelines.

2. Grants Office, PGO or Equivalent



3. RFP developed with a health equity lens.

A sample Request for Proposals (RFP) form from the Ohio Department of Health. The form includes the following text: "ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET", "OHIO DEPARTMENT OF HEALTH", "DIVISION OF [Redacted]", "BUREAU OF [Redacted]", "PROGRAM NAME [Redacted]", "REQUEST FOR PROPOSALS (RFP) FOR FISCAL YEAR 20XX (00 00 00 - 00 00 00)", and "Local Public Applicant Agencies Non-Profit Applicant".


4. Dissemination of RFP

- Bidders Conference
- Technical Assistance
- Application Process

5. Grant Award

- Award the grant
- Write special conditions
- Conduct Site Visits
- Review progress report
- Evaluate impact

Getting Started -- 2009



Ohio Department of
HEALTH

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OHIIO DEPARTMENT OF HEALTH

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Division Name

BUREAU OF
Bureau Name

PROGRAM NAME

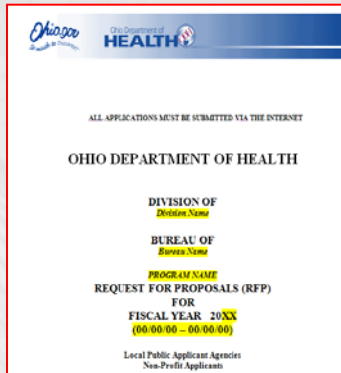
REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 20XX
(00/00/00 – 00/00/00)

Local Public Applicant Agencies
Non-Profit Applicants

- Disseminated draft health equity language for review and comment.
- All new RFPs were required to incorporate a *1 ½ page Intent to Pursue Health Equity Statement*.
 - *Extent in which health disparities/inequity.*
 - *Specific group(s) who experience a disproportionate burden of disease.*
 - *Identify social determinants of health connected to the health problem.*
 - *Demonstration of cultural competence.*



RFP Components

Where to focus health equity language



- Focus on ***Problem/Need Statement, Methodology & Review Criteria.***
- Explicitly declare the extent of the disparity or inequity.
- Require specific of demographic characteristics of the disparate target population.
- Link Methodology for interventions with SDOH.
- Required of the use of standard levels of census geography (Place Matters!)
- Established health equity standard in ***Review Criteria.***

Lesson Learned: Modify the Process

 Ohio Department of **HEALTH** 

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2. Public Health Impact Statement of Support - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents experience health inequities do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., Program Narrative, Objectives) applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).
- 2) Describe how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.
- 3) Specify how proposed program interventions and/or grant deliverables will address this problem.
- 4) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. These four items should be incorporated into the grant language in specific areas of the application and not left to the applicant to decide where to insert this information. Also care should be taken to avoid repetition to keep the responses focused and specific.

The following section will provide basic framework, links and guidance to information to understand and apply health equity concepts.

Understanding Health Disparities, Health Inequities, Social Determinants of Health &


Lesson Learned: Modify the Process

GMIS Health Equity Module:

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in *Healthy People 2020* or the *National Stakeholder Strategy for Achieving Health Equity*. Applicants are required to select the goals and strategies from the module that best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

For more resources on health equity, please visit the ODH website at:

<http://www.healthy.ohio.gov/healthequity/equity.aspx>



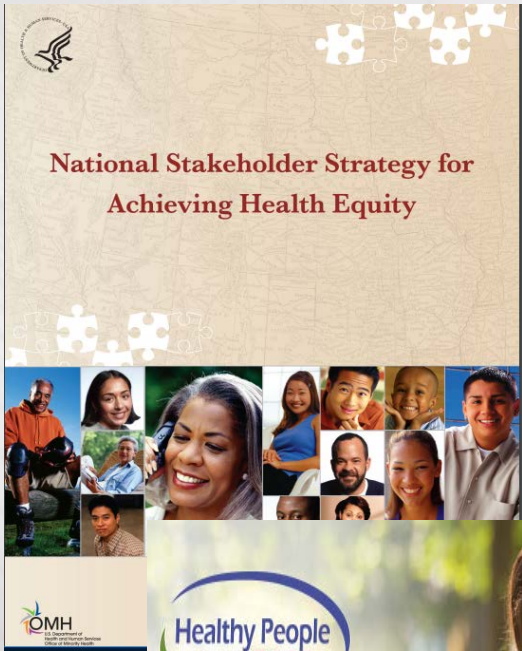
M. Human Trafficking: The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population;
 1. At-risk population
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

Applicable Not Applicable to (INSERT PROGRAM NAME)

Lesson Learned: Modify the Process (IT)

Enterprise Grants Management System



Program Title:	TEST GRANT PROGRAM		
Project Number:	00110013ZZ0114	Employer Id Number:	316400062
Grant Period Begin:	8/1/2013	Grant Period End:	7/31/2014
			Print This Page
Application Section:	Health Equity	Status:	Subgrantee Completed
		Return to Application	
Health Equity Goals and Strategies			
<p>The Ohio Department of Health is committed to the elimination of health disparities and health inequities in Ohio. Below you will find major goals and strategies of the National Stakeholder Strategy for Achieving Health Equity. It is important to document how the work outlined within your grant proposal reflects the priorities of this plan. Please select those goals and strategies which <u>best</u> reflect how the contents of your proposal function to proactively address health disparities and/or health inequities in your local area or jurisdiction. You can choose more than one if appropriate.</p>			
Improve data availability, coordination, utilization and diffusion of research and evaluation outcomes			
Awareness	Data, Research and Evaluation		
Leadership	Please check all that apply		
Health System and Life Experience	Survey submitted: 3/24/2014		
Cultural and Linguistic Competency	Survey Status: <input type="text"/>		
Data, Research, and Evaluation	Display All Questions		
Question #	Question	Response	Selected
1.	Data: Ensure the availability of health data on all racial, ethnic and underserved populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Community-Based Research Action, and Community-Originated Intervention Strategies: Invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Coordination of Research: Support and improve coordination of research that enhances understanding about, and proposes methodology for ending health and healthcare disparities.	<input type="checkbox"/>	<input type="checkbox"/>

Step 2

Falling Into the Psychology of Seduction

(The risk of overestimating success through milestones)

Naively assuming health equity initiatives within grants would increase because health equity language was codified within the RFP template.

Overcoming the Psychology of Seduction

- **Conducted an Environmental Scan in 2011.**
- **The RFP health equity language was an important policy milestone.**
- **RFPs were getting through without health equity language.**
- **Programs really needing health equity technical assistance did not seek it.**
- **Health equity language in RFPs were not comprehensive or reflected in other sections of the RFP.**
- **Needed a way to compel health equity technical assistance.**

Building Relationships is Key!

Competitive Solicitation Approval Document for the [Insert Program Name]

Special Note: ODH Staff Who Develop Solicitations

ODH subrecipient activities are expected to reflect a multifaceted approach to help overcome health disparities and health inequities. ODH programs developing competitive or continuation solicitations **must meet** with the Health Equity Office for technical assistance during the design phase of the document.

The Health Equity discussion has occurred and the health equity section of this solicitation has been approved for this program.

Chip Allen Date

Assessments:

Does your solicitation require subrecipients to conduct/complete any type of assessment?

Yes No If yes, please work with Brandi Robinson.

Brandi Robinson Date

Office Approvals:

Bureau Chief Date

Office Chief Date

Out-of-State Training/Conferences/Meetings:

Does your solicitation include mandatory out-of-state training, conferences or meetings?

Yes No

If yes, on which page of the solicitation is that information listed? _____

CART Approval:

CART approval Date

GSU Approval:

Jennifer McCauley Date

Competitive Solicitation Approval Document for the [Insert Program Name]

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Those who enforce business requirements.

Opportunities or Health Equity Technical Assistance in the Grant Life-cycle

PHASE 1 Required Health Equity Consultation

Initial meeting to understand program scope and purpose and goals of RFP. Emphasize collaboration.

Phase 2 (RFP Development)

- Collaborate with program staff to craft RFP language.
- Must analyze all sections of the RFP.
- Identification of disparate groups.
- Identify SDOH which drive health disparities.
- Assist in the development of Review Criteria.

PHASE 3 (Coaching)

“Train-the-Trainer. Help program staff find ways to communicate additional new language which will strengthen proposal review.

RELEASE RFP

RFP is released with health equity language. Be available to assist program staff with additional questions and TA.

Ohio DEPARTMENT OF HEALTH

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF
[Redacted]

BUREAU OF
[Redacted]

PROGRAM NAME
[Redacted]

REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 20XX
[Redacted]

Local Public Applicant Agencies
Non-Profit Applicants

Providing Technical Assistance to Experts



(When Experts don't believe they need help.)

Workload for Health Equity Consultations

GRANTS SFY19					
PROJECT CODE	PROJECT NAME	PROJECT START DATE	Posted to Internet	NOIAF or Reimbursement Type form due date	GMS Training Date for Competitive Cycle (Date must be included in solicitation)
HD	HEART DISEASE & STROKE PREVENTION	6/30	12/12/2017	12/19/2017	1/4/2018
PH	PUBLIC HEALTH EMERGENCY PREPAREDNESS	7/1	12/12/2017	12/19/2017	1/4/2018
SV	SAVE OUR SIGHT	7/1	12/12/2017	12/19/2017	1/4/2018
BC	BREAST & CERVICAL CANCER PROJECT	6/30	12/19/2017	12/26/2017	1/11/2018
SK	SICKLE CELL	7/1	12/19/2017	12/26/2017	1/11/2018
SS	SICKLE CELL STATEWIDE FAMILY SUPPORT	7/1	12/19/2017	12/26/2017	1/11/2018
SH	STATEWIDE HEALTHCARE PREPAREDNESS COORDINATION INITIATIVES	7/1	12/19/2017	12/26/2017	1/11/2018
GS	GENETICS SERVICES	7/1	1/3/2018	1/17/2018	1/23/2018
MQ	MOMS QUIT FOR TWO	7/1	1/3/2018	1/17/2018	1/23/2018
TU	TOBACCO USE PREVENTION AND CESSATION	7/1	1/3/2018	1/17/2018	1/23/2018
IM	IMMUNIZATION ACTION PLAN	7/1	2/27/2018	3/7/2018	3/14/2018
MI	MAXIMIZING OFFICE BASED IMMUNIZATIONS	7/1	2/27/2018	3/7/2018	3/14/2018
AS	OHIO SCHOOL ASTHMA PROGRAM	9/1	3/13/2018	3/27/2018	4/3/2018
OD	INJURY PREVENTION PROGRAM, PRESCRIPTION DRUG OVERDOSE PREVENTION	9/1	3/13/2018	3/27/2018	4/3/2018
PD	PRESCRIPTION DRUG OVERDOSE	9/1	3/13/2018	3/27/2018	4/3/2018
MP	MATERNAL AND CHILD HEALTH	10/1	3/27/2018	4/10/2018	4/17/2018
AE	ABSTINENCE EDUCATION	10/1	4/3/2018	4/17/2018	4/24/2018
IR	INDOOR RADON	10/1	4/3/2018	4/17/2018	4/24/2018
MH	OHIO MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING	10/1	4/3/2018	4/17/2018	4/24/2018
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WA	WIC ADMINISTRATION	10/1	4/10/2018	4/24/2018	5/1/2018
BB	OCCUPANT PROTECTION REGIONAL COORDINATION for the OBB PROGRAM	10/1	4/17/2018	5/1/2018	5/8/2018
CI	COMMUNITY CESSATION INITIATIVE (CCI)	11/1	5/16/2018	5/30/2018	6/5/2018
CC	CREATING HEALTHY COMMUNITIES	1/1	6/19/2018	7/3/2018	7/10/2018
DS	DENTAL SEALANT	1/1	6/19/2018	7/3/2018	7/10/2018
IP	INJURY PREVENTION	1/1	7/3/2018	7/17/2018	7/24/2018
SA	SEXUAL ASSAULT SERVICES	1/1	7/3/2018	7/17/2018	7/24/2018
TB	TUBERCULOSIS	1/1	7/10/2018	7/24/2018	7/31/2018
HP	HIV PREVENTION	1/1	7/10/2018	7/24/2018	7/31/2018
ST	S.T.D. CONTROL PROGRAM	1/1	7/10/2018	7/24/2018	7/31/2018
VW	VAWA SEXUAL ASSAULT PREVENTION	2/1	8/28/2018	9/11/2018	9/18/2018
RH	REPRODUCTIVE HEALTH AND WELLNESS	4/1	10/16/2018	10/30/2018	11/6/2018
QI	Quality Innovations in the Continuum of HIV Care	4/1	10/23/2018	11/6/2018	11/13/2018
RW	RYAN WHITE PART B	4/1	10/23/2018	11/6/2018	11/13/2018

Health Equity Consultation Example 1

- In Fall of 2016 the Preparedness program issued a competitive RFP.
- Opportunities to help the program identify at risk populations who are at an increased risk of perishing during a disaster because of challenging social determinants of health.
- Planning for this population needed to be a priority and not an afterthought.
- Changes made to the Project Narrative to influence how local preparedness plans were developed with “vulnerable populations” in mind.



Health Equity Consultation Example 2

- In Fall of 2016 the Tobacco Prevention and Control Program issued Community Cessation Initiative \$12.7 million RFP geared towards disparate populations.
- The RFP was enhanced to compel applicants to explicitly identify demographic and behaviors for populations at increased risk for tobacco use.
- Market research was also provided to address data inequity.



Data on Smoking Behavior

Market Potential Report for Tobacco RFP Applicants							
Analysis Area Parent	Analysis Area Census Tract Code	Analysis Area Name	Smoke Cigarettes- 1wk (A) + (Mediamark Research & Intelligence, 2016)				
			Base Count	Base % Comp	Estimated Users	% Comp	Users/100 HHs
Adama County, OH	39001770400	West Union village, OH	1,928	0.06%	829	0.08%	42.98
Allen County, OH	39003010800	American township, OH	3,195	0.11%	979	0.10%	30.64
Allen County, OH	39003011300	Bath township, OH	2,890	0.10%	942	0.10%	32.68
Allen County, OH	39003011000	American township, OH	2,388	0.08%	827	0.08%	34.65
Allen County, OH	39003013000	Lima city, OH	1,809	0.06%	574	0.06%	31.72
Allen County, OH	39003010900	American township, OH	1,791	0.06%	509	0.05%	28.43
Allen County, OH	39003012300	Lima city, OH	1,511	0.05%	564	0.06%	37.34

Health Equity Consultation 3

- In Fall of 2017 the Ohio BCCP issued a competitive RFP for a pilot community linkage program.
- The health equity consultation uncovered the opportunity to precisely identify the target audience using market research data.
- Program staff identified where additional health equity language would be more useful.



Analysis Area Code	Analysis Area Name	Analysis Area Parent	BCCP Target 1 [47, 50, 54, 55, 56]			
			Base Count	Base % Comp	Count	%
390351331	Bedford Heights city, OH	Bedford Heights city, OH (3904920)	1,433	0.26%	739	
390351962	Euclid city, OH	Euclid city, OH (3925704)	848	0.15%	593	
390351881	Warrensville Heights city, OH	Warrensville Heights city, OH (3980990)	1,204	0.22%	512	
390351801	Richmond Heights city, OH	Richmond Heights city, OH (3968894)	997	0.18%	492	
390351776	Parma city, OH	Parma city, OH (3961000)	1,021	0.18%	395	

The Key to Providing Useful Health Equity Technical Assistance



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Using Databases to Enhance Syndemics

38 Grants in State Fiscal Year 18

34 Grants in State Fiscal Year 19

PROJECT CODE	PROJECT NAME	PROJECT START DATE	Posted to Internet	NOIAF or Reimbursement Type form due date	GMIS Training Date for Competitive Cycle (Date must be included in solicitation)
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Office of Health Equity
Health Equity RFP Consultation Service

- Prepare for Consultation
- Initiate Consultation
- Maintenance
- Search
- Reports
- Exit Application

Technology for Health Equity

Request For Proposal Data

Please enter the name of the project below:

Infant Vitality Community Intensive Pilot Project

Program Contact: **RFP Type:** **Posting Date:**

Select Program Area: **Funding Period:**

Click to make this RFP Inactive

RFP Creation ID: 51

RFP Goal: [Link to Other RFPs](#) | [Target Population](#) | [Social Determinants](#) | [All RFPs in the Database](#)

Paste RFP Goal Below:

Amended Substitute House Bill 49 allocated funding to facilitate a multi-pronged population health, community intensive approach to reduce infant mortality and disparities in maternal and infant health.

The Ohio Department of Health (ODH) is soliciting professional services to facilitate a multi-pronged population health approach to address direct, measurable improvements in local birth outcomes and/or inequities in birth outcomes, including addressing known disparities in birth outcomes.

In this project, a subgrantee shall implement a community intensive pilot project, or place-based initiative, designed to improve birth outcomes and reduce disparities in birth outcomes. The initiative shall focus in a high-risk community, defined by the community's high infant mortality rate, preterm birth rate, low birth weight rate and disparity rate between black and white infant deaths, and reduce the impact of social determinants on pregnant women and infants. This work shall promote a healthy environment and educate the community on best practices. In addition, the project should encourage and communicate the importance of addressing individual needs and the importance of individuals to make choices in their own best interest.

Health Equity Grant Consultation

Consultation ID # 41

Policy Staff Reporting:

RFP Info:

Date Initiated:

Date Completed:

Consultation Summary Notes:

Chip Allen and Robyn Taylor initially met with program consultant to get an overview for the particular RFP. The following recommendations were made:

- Added information PHAR standards 1.2 and 1.3 which added disability to the demographic characteristics.
- Inserted information into the problem statement regarding added disability to the demographic characteristics.
- Added information into Objective 1 regarding the ability to address disability measures as data elements of performance.
- Added a statement regarding strategies to enhance...

Request For Proposal Information (READ ONLY)

Project Name:

Lead Staff: **Select Program Area:**

RFP Goal:

RFP Goal: [Link to Other RFPs](#) | [Target Population](#) | [Social Determinants](#) | [All RFPs in the Database](#)

(Read Only) Target Populations for this RFP

Race: Ethnicity: Gender: Age Range: Disability: Sexual Orientation:

RFPID	TargetRaceID	TargetAgeRangeID
50	Black or African American	30-34 Years
50	Other Asian	30-34 Years
50		20-24 Years
50		25-29 Years
50		30-34 Years
50		30-34 Years
*	50	

Lessons Learned

- Most program staff want to advance health equity.
- The **Eight Equity Essentials** can be incorporated in FOAs even if you don't have an Office of Health Equity.
- Incorporating health equity into RFPs requires valuing program expertise.
- Modifying organizational procedures are not enough.
- Program staff are more likely to accept help if it makes their jobs easier.

Incorporating Health Equity Language into Funding Opportunity Announcements: Example Language for State Health Agencies

<Name of State Health Agency> supports initiatives that are proactive in the pursuit of health equity. To this end, all solicitations are expected to incorporate interventions which contribute to a sustained and multifaceted approach to overcome health disparities and health inequities in <state name>.

A. Health Equity Requirements:

<Name of State Health Agency> is committed to eliminating health inequities. Racial and ethnic minorities and <state name> economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., program narrative, objectives, etc.) applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem being addressed by this funding opportunity.
- 2) Identify specific group(s) or population segments to be served by the funding opportunity who experience a disproportionate burden of disease, as well as the health condition(s) or problem(s) being addressed (this information must be supported by data).
- 3) Describe how services or activities provided within this proposal will be delivered in an equitable manner to all populations served and especially those currently underserved, socially disadvantaged, and ethnically diverse groups, which include services or activities that are culturally and linguistically appropriate.
- 4) Explain and identify how specific social and environmental conditions (social determinants of health) put people and communities who are already disadvantaged at increased risk for health inequities.
- 5) Outline concrete steps the agency will take to address the social determinants of health.
- 6) Explain how proposed program interventions will be evaluated to address this problem, including expected outcome measures and benchmarks.
- 7) Link health equity interventions in the grant proposal to the goals and strategies in the [National Stakeholder Strategy for Achieving Health Equity](#), developed by the Office of Minority Health's National Partnership for Action.
- 8) Demonstrate how the proposed program will adhere to the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#) and will consider the need for language services modifications for individuals with limited English proficiency, as well as other communications needs.

Special thanks to Melissa Lewis, MPH

Thanks you for participating!

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