Advancing Health Equity through Grant-Making

A Continuous Learning Process for Collaboration, Negotiation & Humility

ASTHO Health Equity Webinar
February 20, 2018

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Director of Health Equity
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

- 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.

Incorporating Health Equity Language into Funding Opportunity Announcements:

Example Language for State Health Agencies

- **Health Equity Requirements:**

  <Name of State Health Agency> is committed to eliminating health inequities. Racial and ethnic minorities and 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.
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
   - Development of RFP
   - Dissemination of RFP:
     - Bidders Conference
     - Technical Assistance
     - Application Process

3. RFP developed with a health equity lens.

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
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

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

National Stakeholder Strategy for Achieving Health Equity

Healthy People 2020
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

CSU Approval:

Jennifer McCauley
Date

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.
Providing Technical Assistance to Experts

(When Experts don’t believe they need help.)
## Workload for Health Equity Consultations

### GRANTS SFY19

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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.

Are you prepared for an emergency?
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 populations for tobacco use.

Market research was also provided to address data inequity.

Data on Smoking Behavior
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.
The Key to Providing Useful Health Equity Technical Assistance

Special Note: ODH Staff Who Develop Solicitations

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Using Databases to Enhance Syndemics

38 Grants in State Fiscal Year 18

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34 Grants in State Fiscal Year 19

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

- Infant Vitality Community Intensive Pilot Project
- Program Contact: [Details]
- RFPI Type: [Details]
- Posting Date: [Date]
- Funding Period: [Start Date to End Date]
- RFP Goal: [Details]
- Post RFP Goal Below:

Paste RFP Goal Below:

Amended Substitute House Bill 49 allocated funding to facilitate a multi-pronged population health, community intensive approach to reducing 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, measurable improvements in local birth outcomes and/or inequities in birth outcomes, including addressing known disparities.

In this project, a subgrantee shall implement a community intensive pilot project, or place-based initiative, designed to improve outcomes and reduce disparities in birth outcomes. The initiative shall focus on high-risk communities, defined by the current mortality rate, infant mortality rate, and infant health indicators for women and children. This work shall promote a healthy environment and educate the community on interventions.

Request For Proposal Information (Read Only)

- Project Name: [Details]
- Program Area: [Details]
- Lead Staff: [Details]

(Read Only) Target Populations for this RFP

<table>
<thead>
<tr>
<th>Race</th>
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<td>Ethnicity</td>
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<tr>
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<td>Sexual Orientation</td>
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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.

<table>
<thead>
<tr>
<th>Incorporating Health Equity Language into Funding Opportunity Announcements: Example Language for State Health Agencies</th>
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<tbody>
<tr>
<td><strong>A. Health Equity Requirements:</strong></td>
</tr>
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</table>
| <[Name of State Health Agency]> is committed to eliminating health inequities. Racial and ethnic minorities and 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!

Chip.Allen@odh.ohio.gov