



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Minority Health and Health Disparities  
Director: Carlessia A. Hussein, R.N., Dr. P.H.

Phone: 410-767-7117 – Fax: 410-333-5100  
[www.dhmh.maryland.gov/mhhd](http://www.dhmh.maryland.gov/mhhd) - Room 500

March 8, 2013

Re: FY 14 Demonstration Grants (CBO- CVD)

TO ALL INTERESTED PARTIES:

The Office of Minority Health and Health Disparities (MHHD) is seeking interested organizations to apply for a fiscal year 2014 Minority Health Disparities Reduction Demonstration Grant for the period July 1, 2013 through June 30, 2014. During the 2008 Legislative Session, the Maryland General Assembly and the Administration identified general funds to address minority health disparities. MHHD utilizes these funds to assist different communities in specifically addressing minority adult cardiovascular disease and minority infant mortality.

The Minority Health Disparities Reduction Demonstration Grant FY 2014 Request for Applications (RFA) announcement is attached. The RFA outlines the requirements for the FY 2014 grant year. Due to recent statewide budget reductions, the department respectfully requests that careful consideration and planning be made to ensure that maximum service to the program is maintained. Please submit a typed, signed in blue-ink, unbound original application and four copies in accordance with the request for application instructions. **Applications must be physically in the MHHD office by Monday, April 8, 2013; no later than 3:30 PM.** Applications will only be accepted by way of U.S. Mail, courier express mail or hand delivery to the address provided in the RFA instructions. **In addition to the hard-copies of the application, we are requesting that an electronic copy of the entire application be sent to: [christine.wiggins@maryland.gov](mailto:christine.wiggins@maryland.gov).**

Also, a pre-application training session will be held for interested applicants on **Wednesday, March 20, 2013 from 10:30am-12:30pm** at the Department of Health and Mental Hygiene. It is highly recommended that applicants attend this session.

Interested applicants should address questions or comments to Ms. Christine J. Wiggins, Health Disparities Initiatives Director, by calling 410-767-8954 or by email at [christine.wiggins@maryland.gov](mailto:christine.wiggins@maryland.gov). Thank you for your interest.

Sincerely,

Carlessia A. Hussein, R.N., Dr. P.H.  
Director, MHHD

Enclosure(s)

cc: Arlee W. Gist  
Christine J. Wiggins



**Department of Health and Mental Hygiene**

**HEALTH DISPARITIES REDUCTION  
DEMONSTRATION GRANT  
(Community Based Organizations)**

MINORITY ADULT CARDIOVASCULAR DISEASE REDUCTION  
FY 2014



Minority Health and  
Health Disparities  
Maryland Department of Health  
and Mental Hygiene

**Office of Minority Health & Health Disparities**

March 8, 2013

## **Technical Assistance on the Request for Application**

It is strongly recommended that applicants attend the pre-application training session to review the application process reporting requirements. Staff assigned to the program should be in attendance so that information is disseminated at all levels and each staff is aware of reporting requirements. This may include, but not limited to:

- Program Manager,
- Fiscal Agent,
- Community Health Worker, Health Promoter, and/or Promotores de Salud
- Public Health Professionals
- Additional Support Staff

Technical assistance will be offered during this training session to address any questions regarding the posting of this funding announcement.

The pre-application training session will be held on the date and time listed below:

**Date: March 20, 2013                      Time: 10:30AM – 12:30 noon**

**Location:   201 W. Preston St., Room 545  
              Baltimore, MD 21201**

**REQUEST FOR APPLICATION (RFA)**  
**Minority Adult Cardiovascular Disease Reduction Demonstration Program FY 2014**  
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**REQUEST FOR APPLICATIONS (RFA)  
MINORITY HEALTH DISPARITIES REDUCTION  
DEMONSTRATION PROGRAMS**

**Office of Minority Health and Health Disparities (MHHD)**

March 2013

**A BACKGROUND:**

MHHD aims to support the development of local infrastructure and program capacity to address minority health disparities through the use of community-based practices and interventions, with the intention of a transition to local sustainability.

In 2004, the Maryland General Assembly passed legislation to establish the Office of Minority Health and Health Disparities (MHHD) in DHMH's Office of the Secretary. The 2004 legislation required MHHD to provide outreach to racial and ethnic minority communities to ensure their maximum participation in publicly funded health programs. MHHD is the lead on the Department of Health and Mental Hygiene's Health Disparities Initiative whose charge is to enhance efforts throughout the Department to utilize the budget to measurably reduce minority health disparities.

During the 2008 Legislative Session, the Maryland General Assembly and the Administration identified general funds to address disparities in minority adult chronic disease mortality and minority infant/toddler mortality. In fiscal year 2009, four local health departments were selected to participate in the "Minority Health Disparities Reduction Demonstration Pilot Project"; three (3) based on the jurisdictions' high rates of adult cardiovascular disease and one (1) based on the jurisdiction's high rate of minority adult cardiovascular disease. Through cooperative agreements, MHHD has assisted local health department staff in designing and refining their program implementation, engaging key stakeholders, and addressing case management strategies in working with high risk populations using a program logic model.

Please visit the MHHD website for additional information about the Minority Health Disparities Reduction Demonstration Grants: [www.maryland.dhmh.gov/mhhd](http://www.maryland.dhmh.gov/mhhd).

**B ELIGIBILITY AND AWARD INFORMATION:**

**ELIGIBILITY INFORMATION AND CRITERIA**

The Demonstration Program will issue one grant to each of the following eligible jurisdictions through a competitive process: **Baltimore City and Worcester County**. The jurisdictions have been selected based on the high number of minority adult cardiovascular disease deaths that exists. Grant applicants must be non-profit organizations and the organizations' business address must be physically located in the jurisdiction for which they are providing services. Grant applicants must also provide a copy of their organizations' (a) IRS nonprofit determination, (b) IRS Form 990, (c) financial statement and (d) most recent audit report.

The funding period may be for three to five years, pending acceptable performance and continued budget availability. A continuation grant application must be resubmitted every year highlighting the accomplishments from the previous year and stating the new program focus for the upcoming fiscal year. All fund recipients are strongly urged to identify sources for sustainability beyond three years, so that State funds can be offered to other eligible jurisdictions.

Applicants **must** be in **Good Standing** with Maryland State Government in the proposal. A letter of good standing can be obtained by submitting a written request to the Maryland Comptroller, General Accounting Division, Post Office Box 746, Annapolis, Maryland 21411. For guidance to receive a letter of good standing call (410) 260-7434.

The Health Disparities Reduction Demonstration Program **will provide funding during the State's fiscal year FY 2014. Awards will be issued as Grant Agreements, a form of grant that allows for substantial state involvement.** The support offered by the State through grant agreements is conducted with the intent that local communities will sustain the management and funding of the program components at the end of the grant period.

Substantial involvement by the state may include but is not limited to the following functions and activities:

- 1 Review and approval of action plans and budgets before work can begin on a program during the period covered by this assistance or when a change in scope of work is proposed.
- 2 Review of proposed contracts/consultant agreements/sub-contracts/sub-grantees.
- 3 Involvement in the evaluation of the performance of key recipient personnel supported through this assistance.
- 4 In accordance with applicable laws, regulations, and policies, the authority to take corrective actions if detailed performance specifications (e.g. activities in this funding guidance; approved action plan activities; budgets; performance measures and reports) are not met.

Funding within this fiscal year (FY 2014) is dependent on the availability of Maryland State Government appropriated funds, satisfactory performance, and a decision that funding is in the best interest of the State.

## **C MEDICAL/PUBLIC HEALTH PARTNERSHIP (LINKAGE OF SERVICES)**

Demonstration Program sites must have the ability to link minority adults to cardiovascular disease management and care through partnerships or agreements that exist between the community-based organization and a health care or service provider (i.e. physician practices, health systems, local health department, etc.). Program sites should maintain contact with the individuals that are recruited by the local program and enrolled in to cardiovascular disease management and care services until risk factors have improved or services are no longer needed. Regular contact may include telephone calls, home visits, physician practice or clinic visits, and/or the individual's involvement in programs or workshops sponsored by the local Demonstration Program site.

Medical/public health partnerships should be listed in the grant application and a detailed description of the services that the partner will provide for the Demonstration Program should be included.

Demonstration Program sites are also expected to provide referrals to social and other services as needed.

## **D HEALTH DISPARITIES REDUCTION DEMONSTRATION PROGRAM LOGIC MODEL**

This model is structured to involve close work between MHHD and the local jurisdiction to engage key stakeholders and implement promising practices for the reduction of health disparities

## Health Disparities Reduction Demonstration Program Logic Model

### 1 Awareness

- Increase awareness of minority adult cardiovascular disease deaths among health organizations and non-health organizations with health impacts.
- Promote Cultural Competency and its relationship to improved health outcomes for minorities.  
\*\*Please refer to **Attachment B** for a definition of Cultural Competency
- Develop health messages and address concerns that are tailored to the community.

### 2 Community Outreach

- Train Community Health Workers, Perinatal Navigators, Health Promoters, Promotores de Salud.  
\*\*Please refer to **Attachment B** for a definition of a Community Health Worker
- Provide Outreach and Health Education
- Increase capacity for local health departments and/or community based organizations.
- Increase supply of Health Education materials that are culturally and linguistically appropriate.

### 3 Leadership

- Increase stakeholder knowledge about community-based interventions.
- Increase knowledge about State and local health department targeted interventions.
- Provide opportunities for new partners to advocate for their communities.

### 4 Coalitions/Community Task Forces

- Increase partnerships between health and social environment organizations.
- Provision of support for demonstration of community-based targeted interventions within the jurisdiction.
- Enhance local infrastructure and capacity with eventual transition to local sustainability.

### 5 Data and Research

- Collect and report race and ethnic data throughout the jurisdiction.
- Identify and share promising practices that target the reduction of health disparities.
- Develop a health disparities resource directory of best and promising practices.

## **E PROGRAM COMPONENTS:**

There are four (4) program components associated with the implementation of the Minority Adult Cardiovascular Disease Reduction Demonstration Program.

### 1 **ENGAGE**

Demonstration Program sites are expected to convene a minority adult cardiovascular disease reduction county health coalition (or integrate minority adult cardiovascular disease reduction as a priority for an existing health coalition) and implement its action plan to reach a large portion of racial and ethnic minorities with health improvement messages:

- Develop an action plan for the coalition with specific activities, dates and outcomes.
- Create the action plan around the major health disparities that contribute to minority adult cardiovascular disease in the jurisdiction.
- Hold at least three meetings during the program year.
- Continue development of the coalitions by recruiting representatives from existing groups and

interested advocates and individuals.

- Ensure representation of all ethnic and racial groups and geographic areas.
- Widely publicize the coalition meetings so that the general public could attend.

## 2 OUTREACH

Demonstration Program sites are required to concentrate their focus on minority adult cardiovascular disease reduction to ensure penetration in the community and measurable results.

- Provide health education materials in multiple languages and locations that are central to minority communities.
- Provide outreach to healthcare providers related to the specialty care needs of minorities with regards to adult cardiovascular disease.
- Consult with service providers (ex. health professionals, insurers, and other health advocates) to improve cultural and linguistic competency within the workplace and programs to address minority concerns

## 3 TECHNICAL ASSISTANCE

Demonstration Program sites are expected to develop partnerships with healthcare providers, insurers, local Minority Outreach and Technical Assistance (MOTA) Programs, and local healthcare advocates to address the specific health disparities that have been identified.

- Offer healthcare Providers, insurers and local healthcare advocates information on how to best reach ethnic and racial populations, recommend locations, time of day, and methods of presentation that work best.
- Circulate notices of events being sponsored by other groups that address minority adult cardiovascular disease.
- Offer healthcare providers, insurers, and local healthcare advocates the ability to co-sponsor events and help with recruiting attendees.
- Send out health information (approved by DHMH) to coalition, partners and other groups in the jurisdiction.

## 4 SUSTAINABILITY

Demonstration Program sites are expected to facilitate the sustainability of the Minority Adult Cardiovascular Disease Reduction Program within the jurisdiction by engaging community stakeholders in an effort to promote and coordinate programs that reduce health disparities.

- Engage health partners to seek program funding from public and private sources.
- Evaluate the accomplishments of the coalition.
- Successful Applicants should seek other State, Federal, and Private (e.g. foundations, philanthropic organizations) funding to ensure local sustainability.
- Share information regarding program activities with local representatives and stakeholders regarding outcomes of the health disparities programs.

## F PROGRAM AND FISCAL REPORTING REQUIREMENTS:

**Each FY 2014 grantee will be expected to comply with the following program operational and reporting guidance:**

- 1 **Target Group:** Program activities, goals and objectives must reach minority racial/ethnic groups, which include African Americans, Hispanics/Latinos, Asian Americans, and Native Americans. It is within these groups where various health disparities currently exist.
- 2 **Progress Reports:** Program sites will submit monthly statistical and narrative reports of progress towards action plan goals. The narrative report should highlight activities and accomplishments as well as any difficulties or barriers in attaining target goals for that month. Also, a plan of action of how the Program Site will overcome any barriers that were reported for the month should be stated. Copies of fliers of events, attendance records, any culturally appropriate or translated materials developed, pictures, and agendas developed for workshops, programs and coalition meetings should be included in the narrative report.
- 3 **Reporting System:** Program sites must agree to participate in the Electronic Information and Data Reporting (EIDR) System. This system allows the grantee to document activities completed, progress on performance measures, and evaluation of outcomes/impact of the proposed program.
- 4 **Action Plan:** Be able to demonstrate the implementation of the Demonstration Program Action Plan, proposed activities to meet the program objectives, methods used to document all activities and results. The required report format and frequency of submission will be provided by MHHD.  
\*\*Please refer to **Attachment A**
- 5 **Meetings:** Program sites must attend/participate in: 1.) mandatory trainings; 2.) regional meetings; and 3.) conference call meetings held by the grantor; and attend recommended conference(s) as requested by the funding administration.
- 6 **Site Visits:** At minimum, one (1) site visit will occur and staff will need to be available to answer questions and walk DHMH representatives through the office flow for the Program and review procedures and Program materials.

**Each program site must comply with the fiscal guidance for this grant:**

- 1 **Budget:** Submit a one-year, 12 month line-item budget and an accompanying budget narrative that explains in detail how each line item budget figures are estimated.
- 2 **Fiscal Reports:** The applicant will follow guidance as provided in the DHMH Human Services Agreement Manual (HSAM). Program progress reports will be submitted on a monthly basis using a format provided by DHMH and will be used to support fiscal reporting. Fiscal reports are due whenever payment is requested and should be completed by using DHMH Forms 437, 438 and the Attestation Form. A year-end fiscal report that reconciles actual expenditures and performance measures (DHMH FORMS 438) achieved using the Demonstration grant format, along with DHMH Forms 440 and 440A will be submitted.

The HSAM provides guidance for the financial management of these program development pilot grants. The applicant must complete and submit the applicable DHMH 432A-H HSAM forms. A program grant award will be issued by the funding administration after each fiscal form is complete, accurate, and acceptable.

\*All fiscal documents will be provided to applicants in a separate packet.

***Note:** Successful applicants should submit outreach accounts on a monthly basis (narrative and statistical reports) and a final report on or before July 31, 2014.*

- 3 **Available Funds:** A maximum of **\$75,000** is available for each local Minority Adult Cardiovascular Disease Reduction Demonstration Program. These funds are available on an annual basis depending upon the appropriations by the Maryland General Assembly through June 30, 2014 and pending acceptable performance and continued budget availability. A renewal application must be submitted and approved each year.
- 4 **Payment Terms and Process:** Successful applicants are eligible for an advance of 25% of the total grant award. Subsequent funds will be provided upon receipt of an expense report and payment request accompanied with timely progress reports on performance measures.  
  
*Note: Funds should be directed towards enhancing programmatic services and materials, not towards clinical services or materials.*
- 5 **Fiscal Forms:** Completion of DHMH Forms 432 A-H, Form 433 and Form 434 in their entirety are required at the time of application submission. An omission of any of these forms will render an application incomplete and may not be reviewed at the discretion of the funding administration.
- 6 **Accounting System:** Applicant should have the appropriate accounting/file storage/grant management systems in place to receive and account for grant funds.
- 7 **Administrative Costs:** For fiscal year 2014, no more than 7% of the program budget should be used for administrative costs. This is to ensure that maximum funds are dedicated to direct program services.
- 8 **Letter of Good Standing:** Applicants must include a letter of good standing with Maryland State Government in the proposal. A letter of good standing can be obtained by submitting a written request to the Maryland Comptroller, General Accounting, Division, Post Office Box 746, Annapolis, MD 21404. For guidance to receive your letter of good standing call 410-260-7434.

Applicants must identify and maintain an operational site within the county. All official records must be maintained at this location for site visits and audits.

## **G DEMONSTRATION PROGRAM FY2014 GOALS AND OBJECTIVES**

### **Goal Statement**

The goal of the Minority Health Disparities Reduction Demonstration Program is to assist the Office of Minority Health and Health Disparities with raising awareness and conducting outreach to minority populations in local Maryland jurisdictions in regards to the high rates of minority adult cardiovascular disease. Specifically, local Demonstration Program sites should be able to: (1) Maintain infrastructure to support a Minority Adult Cardiovascular Disease Reduction Initiative; and (2) Implement a Minority Adult Cardiovascular Disease Reduction Program to eliminate the disparity between white and minority adult cardiovascular disease in the jurisdiction.

### **Objectives and Performance Measures**

The objectives and performance measures listed below will help to determine the progress of your program throughout the fiscal year. Progress on the performance measures will be evaluated on a monthly basis.

#### **Objective 1: To enroll at-risk minority men and women in the CVD management services provided by the local Demonstration Program.**

- Performance Measure 1.1: Enroll a specified number of minority men and women in services provided by the local Demonstration Program before the end of FY 2014.

- Performance Measure 1.2: Record the number of minority men and women who achieve adherence to medical appointments for CVD management in the Demonstration Program.
- Performance Measure 1.3: Record the number of clients who show an improvement in CVD-related risk factors (i.e. decrease in weight, blood pressure, glucose reading, etc).
- Performance Measure 1.4: Conduct programs and/or workshops for minority men and women enrolled in the local Demonstration Program.

**Objective2: To establish/maintain a local Minority Adult Cardiovascular Disease Reduction Coalition/Taskforce/Advisory Group by the end of FY 2014.**

- Performance Measure 2.1: Convene at least 3 coalition/taskforce/advisory group meetings by the end of FY 2014.
- Performance Measure 2.2: Recruit racial/ethnic minorities to participate on the coalition/taskforce/advisory group.

**Objective 3: To develop new partnerships between the local Demonstration Program and community groups, healthcare and service providers and other stakeholders.**

- Performance Measure 3.1: Develop new partnerships with community based organizations, faith based organizations, academic institutions, health care providers, service providers and other minority community serving organizations/entities.
- Performance Measure 3.2: Collaborate with partners to conduct activities and/or develop new products.

**Objective 4: To increase the education, awareness, and improved health behavior of racial/ethnic groups regarding minority adult cardiovascular disease.**

- Performance Measure 4.1: Conduct/participate in workshops, health fairs, conferences and programs that are held in community settings.
- Performance Measure 4.2: Distribute health education materials related to cardiovascular health and other related risk factors that are culturally and linguistically appropriate and which also meet the health literacy standards of all racial/ethnic groups within the local community.
- Performance Measure 4.3: Refer minority men and women to health and other social services as needed.

**H APPLICATION OUTLINE AND CONTENT:**

**The Format**

The grant application should be no less than ten (10) pages and no more than 15 pages long (not including budget pages, appendices and written budget narrative justification), using 12 pt. font, 1.5 inch margins and each page numbered sequentially.

**Grant Application Cover Letter:**

Place on your organization's letterhead a detailed cover letter that which states your intent to submit an application for funding consideration. The purpose of the cover letter is to introduce the organization and the

application. The authorizing official should sign and provide the contact name and phone number for the Local Demonstration Program Director. The federal tax identification number should also be provided.

**Abstract Page:**

See required abstract template: (**Attachment C**): Complete in its entirety the abstract template

**Applicant’s Organizational Capability and Personnel:**

Provide a narrative outlining the organization’s experiences and abilities to account for/manage the proposed grant and to provide services to the targeted minorities. Include information regarding the organization’s ability and experiences in promoting health education, the agency’s background, structure, mission, and current and past performances with similar grants. Additionally provide the names, position titles, education, experience and resume of the proposed local Demonstration Program Manager, outreach workers and all others who will be paid by Demonstration Program funds. Describe the role and responsibilities of each person. Identify who will be responsible for financial management, submission of fiscal forms and interface with the Demonstration Program Fiscal Officer and/or Program Manager.

**Grant Application Narrative:**

- 1 **Statement of Need:** Describe the need for a minority adult cardiovascular disease reduction program in your Maryland jurisdiction. Include current data on incidence and mortality by ethnic and racial groups (as available) and identify regions of the jurisdiction where the need and/or disparity is the greatest. Provide a listing of current local efforts to address the issue of minority adult cardiovascular disease (ex. local coalitions, workgroups, programs, etc). Describe the population(s) to be targeted. Please include references and bibliography as appropriate.
  
- 2 **Community Experience and Partners:** Provide a summary of your organization’s longevity in the county and experience with each of the targeted racial/ethnic groups. Summarize specific activities that have occurred with each targeted racial/ethnic group and the outcomes of the activities performed in conducting outreach to each group during past years. Also provide a complete list of the racial/ethnic serving or racial/ethnic organizations, faith-based institutions and businesses in your jurisdiction with whom you partner. This list should include organizations that have a focus similar to the purpose of this grant, which is minority adult cardiovascular disease. **NO FEWER THAN 10** organizations must be listed. In addition, 5 new partners should be identified each year. Provide an explanation if your list contains less than 10 organizations. The list should include the name of organizations, organizations’ address, contact person, phone, fax, email, racial/ethnic or civic orientation (example: faith-based, social club, community-based) and type of services offered. Please use the template under **Attachment C**.
  
- 3 **Strategies:** Describe specific strategies and deliverables to achieve program components listed in **Section E** of this RFA. Examples of strategies and deliverables include:
  - a Maintain a jurisdiction-level key stakeholder group that will provide leadership and guidance
  - b Identify staff support, indicating **a dedicated staff person to the program**
  - c Continue collection and analysis of data that identifies specific target groups and potential interventions
  - d Monitor progress and outcomes and keep all parties informed of program activities and trends
  - e Evaluate process and outcomes and redirect interventions to ensure intended and desired results
  - f Maintain partnering with other jurisdictions and DHMH programs to collaborate on interventions
  - g Seek external funding from foundations and federal agencies that address adult cardiovascular disease.
  - h Involve health providers, insurers, and other health advocates, to utilize existing networks and community assets

- 4 **Local Jurisdiction Resource Commitments:** Describe executive and staff linkages who will partner with MHHD to implement and manage the program. Identify other resources, such as work space and materials. Also, describe other existing and potential (future) sources of funding. Describe a working partnership with other jurisdictions if applicable.
- 5 **Personnel:** Using a budget justification format, provide the names, position titles, and job descriptions of the proposed local Demonstration Program Manager, outreach workers and all others who will be paid by Demonstration Program funds. Include the time commitment of the dedicated staff persons and contracted workers. No more than 7% of the program budget should be used for administrative costs. See **Attachment E** for a sample budget justification format.
- 6 **Evaluation:** Describe how the data will be collected and analyzed. Describe the process to monitor progress in order to understand the results and benefits of the program, and to determine if implementation is proceeding in an acceptable manner and pace.
- 7 **Action Plan:** Provide a detailed action plan that includes the goals, measurable objectives, intervention activities planned to achieve each objective, how each objective will be measured, the time frame for each activity and the team members responsible for carrying out the activities. The action plan must address:
  - a **Minority Community Target:** Describe specific actions for the targeted racial/ethnic group(s) that will be undertaken to achieve each objective and list specific dates for completion of each task. Task or activity should relate to the objectives proposed. A sample Demonstration Program Action Plan is attached (**Attachment A**), which demonstrates how to outline proposed activities, timeline, lead staff, and performance measures.
  - b **Data Management Plan:** Describe how you will (a) collect activity data; (b) monitor process [did the activities take place and how effective were they]; (c) present outcome [how did the racial/ethnic group benefit from the activity] and (d) what evaluation methods will be used [i.e. activity logs, sign-in sheets.]
  - c **Plan for Inclusion and Outreach to Minority Groups:** Describe methods and activities that are designed to meet goals that are specific to the minority community of interest. Include information on translation services and multilingual staffing, cultural contexts that are unique and activities that demonstrate recruitment activities from the minority community as partners not just as clients.
  - d **Plan to Address Social Determinants of Health:** Describe factors that are proximal determinants of health, such as poverty rates and unemployment, illiteracy, violence incidences, drug treatment facilities, and/or environmental contaminants and toxins that are issues in your community as well as how you plan to address these with your coalition and among your targeted populations. Examples include working with housing organizations, shelters, social services, etc.
  - e **Specific Interventions Plans that are culturally and linguistically appropriate:** Describe events and materials that you plan to use or expand to serve the minority communities in your county.
  - f **Strategic Placement in the Community of Interest:** Describe planned activities that are relevant to the minority community sponsored by partners in the community. Describe how your Jurisdiction intends to partner with them to deliver or expand on services and information.

**I APPLICATION SUBMISSION PROCESS AND DEADLINE:**

Application must be physically and electronically in the MHHD office by: **Monday, April 8, 2013; no later than 3:30 PM.**

**IMPORTANT: Submit one original unbound copy along with four (4) additional copies. In addition to the hard-copy of the application, we are requesting that an electronic copy of the entire application be sent to: [christine.wiggins@maryland.gov](mailto:christine.wiggins@maryland.gov).**

For additional information, please contact Christine J. Wiggins at 410-767-8954 or by email, [christine.wiggins@maryland.gov](mailto:christine.wiggins@maryland.gov). You may visit <http://www.dhmh.maryland.gov/mhhd> to for more information about the Minority Health Disparities Reduction Demonstration Program.

**Issued by: Department of Health and Mental Hygiene  
Office of Minority Health and Health Disparities  
201 West Preston Street, Room 500  
Baltimore, Maryland 21201  
410-767-7117  
Carlessia A. Hussein, R.N., Dr. P.H., Director**

## **J APPENDICES**

Attachment A: Demonstration Program Action Plan Template

Attachment B: Definitions and Terms

Attachment C: Template Abstract Page

Attachment D: Template Racial/Ethnic Partnership List

Attachment E: Sample Budget Justification

Attachment F: Racial/Ethnic Population Data for Maryland 2010

Attachment A:

Sample Action Plan

Provide a detailed work plan that includes the goals, measurable objectives, intervention activities planned to achieve each objective, how each objective will be measured for each activity and the team members responsible for carrying out the activities.

Timeframe Type:	Quarterly	Minority Group Target:	<input checked="" type="checkbox"/> African Americans	<input type="checkbox"/> Latino/a	<input type="checkbox"/> Asian Americans	<input type="checkbox"/> Native Americans	Team Member Responsible for Activity
<b>Goal 1:</b>	<u>Reduce incidence of hypertension rates among AA by improving health care</u>						
Objective:	<u>Increase competence of providers on minority health communications</u>		Activities:	<u>Training program from MCEP</u>			
			Tasks:	<u>Schedule training session and coordinate provider schedules</u>			
Objective:	<u>Increase number of AA women adherent to CVD care by 20/month</u>		Activities:	<u>Follow up with lost to follow up AA women with home visits</u>			
			Tasks:	<u>Provider reports to be audited by RN and referred for outreach</u>			
Objective:	<u></u>		Activities:	<u></u>			
			Tasks:	<u></u>			
Timeframe Type:	Monthly	Minority Group Target:	<input checked="" type="checkbox"/> African Americans	<input type="checkbox"/> Latino/a	<input type="checkbox"/> Asian Americans	<input type="checkbox"/> Native Americans	
<b>Goal 2:</b>	<u>Decrease obesity among AA Adults</u>						
Objective:	<u>Increase attendance at personal choices workshops</u>		Activities:	<u>Personal fitness workshops in the community</u>			
			Tasks:	<u>Recruit AA males to fitness workshops</u>			
Objective:	<u>Increase self-efficacy in diet plan use</u>		Activities:	<u>Provide nutrition pamphlets to AA youth at community events</u>			
			Tasks:	<u>Develop calendar of community events</u>			
Objective:	<u></u>		Activities:	<u></u>			
			Tasks:	<u></u>			
Timeframe Type:	Weekly	Minority Group Target:	<input type="checkbox"/> African Americans	<input checked="" type="checkbox"/> Latino/a	<input type="checkbox"/> Asian Americans	<input type="checkbox"/> Native Americans	
<b>Goal 3:</b>	<u>Reducing CVD mortality from MI</u>						
Objective:	<u>Decrease CVD deaths by 5 deaths in the county</u>		Activities:	<u>Home visiting program</u>			
			Tasks:	<u>Diabetes management and in-home training</u>			
Objective:	<u>Increase number of latina women who know about smoking cessation</u>		Activities:	<u>Referral to smoking cessation program translated into spanish</u>			
			Tasks:	<u>Spanish speaking staff to educate on clients on smoking effects</u>			
Objective:	<u></u>		Activities:	<u></u>			
			Tasks:	<u></u>			

## Attachment B:

### DEFINITION AND TERMS

1. **Minority:** defined within Maryland Senate Bill 896 as, “racial/ethnic person includes African Americans, Latino/Hispanics, Asian descent, Native Americans and Women...”
2. **Cardiovascular Disease:** is any of a number of specific diseases that affect the heart itself and/or the blood vessel system, especially the veins and arteries leading to and from the heart, it can include ischemic cardiomyopathy, coronary heart disease, and hypertensive heart disease to name a few examples.
3. **Hypertension:** is a chronic medical condition in which the blood pressure in the arteries is elevated at or above 140/90 mmHg.
4. **Hyperlipidemia:** is the condition of abnormally elevated levels of any or all lipids and/or lipoproteins in the blood.
5. **Diabetes Mellitus, Type II:** is a metabolic disorder that is characterized by high blood glucose in the context of insulin resistance and relative insulin deficiency. Obesity is thought to be the primary cause of Type II Diabetes in people who are genetically predisposed to the disease.
6. **Mortality Rate:** is a measure of the number of deaths (in general, or due to a specific cause) in a population, scaled to the size of that population, per unit time. Mortality rate is typically expressed in units of deaths per 1000 individuals per year
7. **Incidence Rate:** the incidence rate is the number of new cases per population in a given time period.
8. **Prevalence Rate:** the total number of cases in the population, divided by the number of individuals in the population.
9. **Cultural Competency:** A set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations.  
\*(Source: National Technical Assistance Center for Children’s Mental Health, 1989)
10. **Social Determinants of Health:** The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural societal factors.  
\*(Source: World Health Organization, 2008)
11. **Community Health Worker (CHW):** Assist individuals and communities to adopt healthy behaviors; conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health; may provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening; may collect data to help identify community health needs (also includes Perinatal Navigators, Health Promoters, and Promotores de Salud).\*

**Note: A consensus at the national level is still being considered for the definition of a community health worker.**

\*(Source: Bureau of Labor and Statistics, 2010)

**Attachment C:**

**Department of Health and Mental Hygiene  
Office of Minority Health and Health Disparities**

**Minority Health Disparities Reduction Demonstration Program  
FISCAL YEAR 2014**

**ABSTRACT**

(Please type or legibly hand-write)

**Title of the Program:** \_\_\_\_\_

**Applicant Information**

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact Person Email:** \_\_\_\_\_ **Organization web address:** \_\_\_\_\_

**Employer's Identification Number (Fed E.I.N.):** \_\_\_\_\_

**Amount of Funding Eligible:** \_\_\_\_\_

**Brief Summary of Proposed Program: (Succinctly state why the program is important, who will be served, what will be done, and how the success of the program will be determined.)**

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\_\_\_\_\_  
**Authorized Person's Signature**

\_\_\_\_\_  
**Date**

**Attachment D:**

**Department of Health and Mental Hygiene  
Office of Minority Health and Health Disparities**

**Minority Health Disparities Reduction Demonstration Program FY2014**

**ETHNIC/RACIAL ORGANIZATIONS WITHIN THE COUNTY**

<b>Name of Organization</b>	<b>Organizations Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone/Fax</b>	<b>Contact Person</b>	<b>Email/web address</b>	<b>Type (s) Of Services</b>	<b>Racial and Ethnic Minority Groups Typically Seen/Served</b>
Faith Church	111 First Street	Balto.	MD.	21201	410.333-4444	Jane Doe	<a href="mailto:jdoe@email.com">jdoe@email.com</a>	Counseling Food Bank Health Education	

**Attachment E:**

**MINORITY HEALTH DISPARITIES REDUCTION DEMONSTRATION  
PROGRAM  
FY 2014**

**SAMPLE BUDGET JUSTIFICATION**

<b><u>A. Salaries/Special Payments</u></b>			<b>\$38,000</b>
<b><u>Program Director</u></b>	Grade 14/3	.60 FTE	\$21,000
Margaret Doe: To direct the Charles County Demonstration program; implement and monitor the DHMH approved action plan, supervise employees, guide consultants, manage Purchase-of-Service agreements, manage invoices and all financial procedures, evaluate progress and submit all required program and fiscal reports.			
<b><u>Outreach Worker A</u></b>	Grade 7/9	.40 FTE	\$7,000
Vacant: To provide community outreach for African-American populations. Prepares and presents group educational presentations, distributes written information. Responds to inquiries and coordinates community presentations under the direction of the Demonstration Program Director			
<b><u>Secretary/Fiscal Officer</u></b>	Grade 8/9	.40 FTE	\$10,000
Cindy Doe: To provide administrative support for the MOTA program to include establishing files, maintaining program and fiscal records, and ensuring effective flow of work. Prepares materials and assembles packets, handles and processes electronic correspondence, works with accounting experts, and serves as liaison to the DHMH Demonstration program.			
<b><u>B. Fringe Benefits</u></b>			<b>\$7,600</b>
Calculated at a rate of 20% to include health and dental insurance, life insurance, workers compensation and state unemployment costs. This rate is computed on the total salary amount.			
<b><u>C. Consultants</u></b>			<b>\$2,500</b>
Consultant fees to cover health educator training of community groups, developing educational materials, convening workgroups and conferences, and accounting technical assistance.			
<b><u>D. Equipment</u></b>			<b>\$2,500</b>
1 computer, printer and software - \$2500			
<b><u>E. Telephone</u></b>			<b>\$100</b>
To cover cost of two phones used half time for Demonstration program.			
<b><u>F. Purchase of Service</u></b>			<b>\$8,000</b>
Agreement(s) with community racial/ethnic group(s) to outreach to Native American, Asian, Hispanic and African American populations to recruit their participation in the MHHD.			
<b><u>G. Food</u></b>			<b>\$480</b>
To cover costs of food provided at four church Demonstration programs with about 30 persons in attendance at each; eight youth Demonstration workshops with about 20 youth in attendance at each; and six recruitment			

lunch meetings with racial/ethnic groups and community leaders. Full documentation will be submitted with invoices to the Demonstration program. Documentation will be maintained on file for audit.

**H. Office Supplies**

**\$200**

Stationery, file folders, desk supplies, hanging files, copy paper, and notebooks.

**I. Postage**

**\$390**

500 contact persons x 2 mailings x .39 = \$ 370

Postage for educational mailings and recruitment of minorities

**J. Printing/Duplication**

**\$75**

1,000 brochures for mailing to community racial/ethnic groups

**K. Travel In-State**

**\$445**

20 trips X 50 Miles X 44.5 cent per mile

For Outreach Worker travel to provide community presentations and follow-up

**L. Legal/Accounting/Audit**

**\$360**

To obtain accounting technical assistance to support establishing acceptable business and financial practices, and to advise on financial reporting, invoicing, closeout and audit.

**M. Other**

If any, must be itemized and details given showing how the costs are calculated.

**N. Indirect Costs**

Indirect costs are a component of administrative costs. Administrative costs do not exceed 7% of total MHHD grant and are included in the above line items.

**O. Total Costs**

**\$60,650**

This total is the same as DHMH funding because no other funds are being received for services provided under the MOTA grant agreement.

**P. DHMH Funding**

**\$60,650**

**Attachment F:**

**Minority Population by Jurisdiction, Maryland 2010**

<b>Minority Population by Jurisdiction, Maryland 2010</b>								
<b>REGION AND POLITICAL SUBDIVISION</b>	<b>TOTAL</b>	<b>Non Hispanic White</b>	<b>Minority Population</b>	<b>Percent Minority</b>	<b>Percent African American</b>	<b>Percent Asian/PI</b>	<b>Percent AI/AN</b>	<b>Percent Hispanic</b>
<b>MARYLAND</b>	<b>5,773,552</b>	<b>3,157,958</b>	<b>2,615,594</b>	<b>45.3%</b>	<b>29.0%</b>	<b>5.5%</b>	<b>0.2%</b>	<b>8.2%</b>
<b>NORTHWEST AREA</b>	<b>485,999</b>	<b>399,866</b>	<b>86,133</b>	<b>17.7%</b>	<b>8.2%</b>	<b>2.4%</b>	<b>0.2%</b>	<b>4.8%</b>
GARRET	30,097	29,278	819	2.7%	1.0%	0.3%	0.1%	0.7%
ALLEGANY	75,087	66,195	8,892	11.8%	7.9%	0.8%	0.1%	1.4%
WASHINGTON	147,430	122,748	24,682	16.7%	9.4%	1.4%	0.2%	3.5%
FREDERICK	233,385	181,645	51,740	22.2%	8.4%	3.8%	0.2%	7.3%
<b>BALTIMORE METRO AREA</b>	<b>2,662,691</b>	<b>1,584,466</b>	<b>1,078,225</b>	<b>40.5%</b>	<b>28.8%</b>	<b>4.6%</b>	<b>0.2%</b>	<b>4.6%</b>
BALTIMORE CITY	620,961	174,120	446,841	72.0%	63.3%	2.3%	0.3%	4.2%
BALTIMORE COUNT	805,029	504,556	300,473	37.3%	25.7%	5.0%	0.3%	4.2%
ANNE ARUNDEL	537,656	389,386	148,270	27.6%	15.2%	3.4%	0.3%	6.1%
CARROLL	167,134	152,428	14,706	8.8%	3.1%	1.5%	0.2%	2.6%
HOWARD	287,085	169,972	117,113	40.8%	17.1%	14.4%	0.2%	5.8%
HARFORD	244,826	194,004	50,822	20.8%	12.4%	2.4%	0.2%	3.5%
<b>NATIONAL CAPITAL AREA</b>	<b>1,835,197</b>	<b>607,618</b>	<b>1,227,579</b>	<b>66.9%</b>	<b>38.7%</b>	<b>9.3%</b>	<b>0.2%</b>	<b>16.0%</b>
MONTGOMERY	971,777	478,765	493,012	50.7%	16.6%	13.9%	0.2%	17.0%
PRINCE GEORGE'S	863,420	128,853	734,567	85.1%	63.5%	4.1%	0.2%	14.9%
<b>SOUTHERN AREA</b>	<b>340,439</b>	<b>221,987</b>	<b>118,452</b>	<b>34.8%</b>	<b>25.2%</b>	<b>2.4%</b>	<b>0.4%</b>	<b>3.7%</b>
CALVERT	88,737	70,680	18,057	20.3%	13.3%	1.4%	0.3%	2.7%
CHARLES	146,551	70,905	75,646	51.6%	40.4%	3.0%	0.6%	4.3%
SAINT MARY'S	105,151	80,402	24,749	23.5%	14.1%	2.5%	0.3%	3.8%
<b>EASTERN SHORE AREA</b>	<b>449,226</b>	<b>344,021</b>	<b>105,205</b>	<b>23.4%</b>	<b>16.1%</b>	<b>1.3%</b>	<b>0.2%</b>	<b>4.0%</b>
CECIL	101,108	88,348	12,760	12.6%	6.0%	1.1%	0.2%	3.4%
KENT	20,197	15,783	4,414	21.9%	14.9%	0.8%	0.1%	4.5%
QUEEN ANNE'S	47,798	41,733	6,065	12.7%	6.8%	1.0%	0.3%	3.0%
CAROLINE	33,066	25,853	7,213	21.8%	13.7%	0.6%	0.3%	5.5%
TALBOT	37,782	29,829	7,953	21.0%	12.6%	1.3%	0.1%	5.5%
DORCHESTER	32,618	21,581	11,037	33.8%	27.4%	0.9%	0.3%	3.5%