MINORITY HEALTH MONTH 2016
REQUEST FOR PROPOSAL

DATE OF ISSUANCE:
FEBRUARY 9, 2016

INFORMATIONAL CONFERENCE CALL:
WEDNESDAY FEBRUARY 17, 2016
2:00PM ET-3:00PM ET.

FULL PROPOSAL DUE:
MARCH 7, 2016
The Michigan Department of Health and Human Services, Office of Health Policy and Innovation, Health Disparities Reduction and Minority Health Section (HDRMHS) announces a competitive opportunity for the mini grant funding. Grant activities are to be conducted in recognition of National Minority Health Month, the 30th Anniversary of the Federal Office of Minority Health, and the 10th anniversary of Michigan Public Act 653. Applications are being solicited statewide.

Applicant organizations can include: minority serving organizations, community and faith-based organizations, tribal organizations, local health departments, community health centers, hospitals, schools and other community-based entities. Entities must demonstrate experience and relationships in organizing culturally competent, health related forums and events focused on one or more of the five racial and ethnic minority populations served by the HDRMHS: African-Americans, Asian/Pacific Islanders, Hispanic/Latino, Arab/Chaldean and Native American/American Indian.

**Background**

**National Minority Health Month**

In 1915 Booker T Washington, founder of the Tuskegee Institute launched the National Health Improvement Week which later became National Negro Health Week. National Negro Health Month was celebrated for 35 years. In 2001, National Minority Health Month was established as part of the US Department of Health and Human Services Healthy People 2010 health-promotion and disease-prevention initiative.
In 1985 the United States Department of Health and Human Services (HHS) released a landmark report, the Secretary’s Task Force Report on Black and Minority Health (Heckler Report) documenting health disparities among racial and ethnic minorities in the United States. The report identified six leading causes of death for minority populations, which included: cancer, cardiovascular disease, diabetes, infant mortality, chemical dependency, and homicide/unintentional injury. This report launched the establishment of the National Office of Minority Health in the US Department of Health and Human Services.

In 1988 the state of Michigan established its Office of Minority Health, currently the Health Disparities Reduction and Minority Health Section.

**Michigan Public Act 653**

Michigan Public Act 653 was sponsored by the late Reverend and former Michigan State Representative, Michael C. Murphy in 2006. PA 653 was enacted into law 2007. This Public Act requires the state of Michigan to develop a structure to address health disparities for racial and ethnic minorities in Michigan. Each year the Michigan Department of Health and Human Services reports to the Michigan Legislature on the status, impact and effectiveness of efforts to improve health equity for those populations.

**Current Status**

Starting with the release of the federal report on Black and Minority Health in 1985, many national, state, and local programs have been developed to reduce racial disparities in heart disease, cancer, diabetes, infant mortality, unintentional injuries and other health conditions. While some programs have shown success, our collective efforts have not brought about sustainable change in minority health status, and significant health gaps remain for racial and ethnic minorities in comparison to whites.

In Michigan statistics show that American Indians, African Americans and Arab Americans experience higher rates of chronic disease and illness than whites. Racial and ethnic minority populations experience poorer outcomes than the general populations for almost every health and social condition. Without a focused effort to eliminate health inequities, the burden of poor health on Michigan’s vulnerable populations is likely to multiply and the associated costs to the state of Michigan will be staggering.
Renewed approaches are called for that address the preventable underlying causes or social determinants of persistent health inequities experienced by racial and ethnic minority populations. Inequities in access to quality education, healthcare, and housing, healthy foods, employment and safe neighborhoods play a significant role in determining health status and life expectancy for racial and ethnic minorities.

Request for Proposal

The Health Disparities Reduction and Minority Health Section (HDRMHS) is the coordinating body of the Michigan Department of Health and Human Services health disparities related issues in the state of Michigan. The HDRMHS mini-grant funding is designed to promote health equity for racial and ethnic minority populations in Michigan and support activities to increase education and awareness of disparate minority health outcomes. Funded organizations must demonstrate the capacity to conduct culturally and linguistically competent programming that focuses on issues related to health disparities, health equity, and the social determinants of health. Funded activities/events should:

1) to raise awareness about the challenges, opportunities and achievements for Michigan to assure racial and ethnic minority health equity;
2) facilitate and document community conversations related to health disparities, social determinants of health and racial and ethnic health equity in Michigan;
3) provide information on the history of National Minority Health Month, the National and State Offices of Minority Health and the 10th anniversary of Public Act 653. Applicants should describe how they will disseminate and/or gather this information. Topics might include health disparities, health equity, structural inequalities, social determinants of health, health inequities, healthcare access and health literacy.

Eligible Applicants

HDRMHS invites proposals from minority serving organizations, community and faith-based organizations, tribal organizations, local health departments, community health centers, hospitals, schools and other community-based entities. Applicants must demonstrate experience and relationships in organizing culturally competent, health-related forums and events focused on one or more of the five racial and ethnic minority populations served by the HDRMHS: African-Americans, Asian/Pacific Islanders, Hispanic/Latino, Arab/Chaldean and Native American/American Indian. Applicants must also demonstrate collaboration with local organizations/entities where activities are to be conducted.
Applicant agencies are encouraged to participate in a one-hour conference call on **Wednesday February 17, 2016 at 2:00PM ET-3:00PM ET**. The conference call number is: **1-877-336-1829 access code 8619905#**. The purpose of the conference call is to provide information, communicate expectations and answer questions related to the 2016 Minority Health Month mini grant proposal.

**Eligibility Criteria**

Eligible entities applying for this mini-grant must: 1) document experience organizing/hosting health disparities related forums/events, 2) demonstrate cultural and linguistic competence in working with one or more of the five racial/ethnic populations that the MDHHS/HDRMHS is mandated to serve: African American, American Indian/Native American, Arab American/Chaldean, Asian American and Hispanic/Latino, 3) have experience of successful outreach to one or more of the aforementioned racial/ethnic populations, 4) provide documentation under section 501(C) of the Internal Revenue Code, if a non-profit organization.

**Scope of Work**

Funded entities will be responsible to do the following:

- **Conduct outreach activities designed to recruit a board section of community leaders and community members representative of the identified racial/ethnic group.**
- **Organize and host an event(s) to:**
  - **Raise awareness about the issues related to racial and minority health equity and provide information on the history of National Minority Health Month, the National and State Offices of Minority Health and the 10th anniversary of Public Act 653.** (Note: Audio/visual and related supplies must be provided by the applicant.)
  - **Facilitate solution driven community conversation(s) related to improving health disparities, social determinants of health and health equity in Michigan.** (Note: Events should include a minimum of 20 participants. Clients/consumers of the contracting organization should comprise no more than 20% of the participants.)
- **Secure facilities at which events will be held.**
i. Provide assistance with communication i.e. interpreter for limited English or deaf/hard-of-hearing concerns.
ii. Ensure accessibility for persons with disabilities requiring accommodations.

d. Document and transcribe results of the community conversation(s).
e. Provide completed project report including transcription of the community conversations with final invoice for payment.

**Project Narrative Template**

1. Organization description and history including: leadership and capacity, partnerships, experience working in the communities and with the identified racial and ethnic population(s) and experience in conducting community events/forums.
2. Describe how your organization will conduct outreach and recruitment to ensure participation of a broad section of the targeted population(s). Discuss outreach and recruitment strategies.
3. Discuss partnerships or collaborations that will assist your organization in conducting the community conversations.
4. Discuss how your organization will develop and conduct education and awareness and community conversation activities. If known, include where event(s) will be held.
5. Discuss how your organization will ensure accessibility and services for persons with disabilities needing accommodation, persons with limited English proficiency and/or deaf or hard of hearing participants.
6. Discuss how your organization will ensure accurate documentation and reporting of the community conversation dialogue.
7. Discuss how you will monitor expenditures related to the project.
8. Submit a timeline for the completion of tasks and activities.

**Funds Available**

The HDRMHS will award up to a total of 7 mini grants at a maximum of $3,500 each to the selected applicants. The project activities must be conducted within a six month period beginning April 1, 2016 and ending on or before September 15, 2016.

Applications should be sent to:
Reimbursement will be provided through the Southeastern Michigan Health Association (SEMHA). Funds will be paid up to the total allocation as agreed to in the approved budget utilizing SEMHA contractor invoices. Invoices are to be submitted by the Contractor (funded agency) to the Program (HDRMHS). The invoices will be approved by the Program and must be in sufficient detail to provide the Agency (SEMHA) with necessary information for payment for the proper performance of services. Payments regarding this project will be made in two installments: an initial installment and a final installment (following submission of the final report and the final invoice that reflects total actual program expenditures.) **Note: This does not apply to Local Health Departments.**

**Application requirements**

Completed **Grant Cover Sheet** which contains the following:

1. **Organization name**
2. **Contact person** (Name, address, phone and fax number and e-mail address),
3. **Region/County represented**
4. **Project narrative** (see Project Narrative Template below). Narrative should be no more than five pages **not** including the budget pages. Narrative should be typed in 12-point font (Times, Roman, Arial, Courier, etc.)
5. **Budget and budget justification** - Budget expenditures may include, but are not limited to the following: wages & salaries, fringe benefits, contractual, travel, supplies/materials, venue and equipment rental, light refreshments, outreach costs, interpreter and/or translation costs, and transportation. Expenditures classified as “other” must be clearly defined and may **NOT exceed 10%** of total project expenditures.
6. Documentation of the organization’s 501 c 3 documentation is required, if applicable.
Selection Process

Proposals will be reviewed by a selection committee appointed by the Health Disparities Reduction and Minority Health Section. Decisions will be based on the following criteria:

a. Background: extent to which the entity is engaged in, knowledgeable of and familiar with the targeted racial/ethnic community health disparities issues. (20%)

b. Experience and capacity: Organizational history, leadership needed to conduct project. (15%)

c. Overall program plan: Work plan and outreach strategies. (40%)

d. Budget and budget justification: clarity and cost-effectiveness of the budget and justification connection to the project. (25%)

MDHHS/HDRMHS reserves the right to consider additional scoring criteria in the Objective Review Process (ORP) when making final decisions regarding programming and award levels. Other criteria which may be utilized for consideration may include, but is not limited to: resource availability, agency capacity, past performance of the applicant in contract implementation (e.g. progress toward reaching objectives, success in targeting and compliance with contractual obligations), and other factors relevant to addressing changing needs and priorities.

MDHHS/HDRMHS reserves the right to require an applicant to participate in an oral presentation of the scope of work to obtain clarification of ideas presented in the application. In the event an applicant is required to participate in an oral presentation, the applicant will receive a written notification of request from MDHHS/HDRMHS.

HDRMHS will make all final funding and allocation decisions and reserves the right to determine the relative proportion of the overall award devoted to the specific target population. Criteria used in making these decisions include those listed above as considered in making final decisions regarding programming and award level.
I. Proposal Submission

Please submit applications **no later than 5:00 p.m. ET on Monday March 7, 2016.** Copies must be received by US mail, recognized carrier or hand delivered. **Late or emailed proposals will not be considered.**

All correspondence should be directed to:

Jacquetta Hinton, MS  
Program Specialist  
Michigan Department of Health and Human Services  
Health Disparities Reduction/ Minority Health Section  
Cadillac Place  
3056 W. Grand Boulevard, Suite 3-150  
Detroit, Michigan 48202  
Telephone: (313) 456-4414  
Facsimile: (313) 456-4427  
E-mail: hintonj@michigan.gov

II. Important Dates/ Timeline:

2/9/16............< RFP Distribution  
2/17/16.......1-Hour Conference Call  
3/7/16............Application Deadline  
3/21/16........... Award Notification  
4/1/16............Minority Health Month project start date  
9/15/16.......... Minority Health Month project End Date  
9/30/16............. Final contract invoice and final report **Due** no later than

III. List of Attachments

MDCH requests that Minority Mini-Grant Event host show evidence of collaborations/ partnerships in the coordination and implementation of Minority Health Month events. The following document is included for your convenience:

(1) **Proposal Cover Sheet**  
(2) **Collaboration/Partnership Information Sheet**  
(3) **List of Recommended Resources**  
(4) **Budget Template**
Attachment 1

Health Disparities Reduction/Minority Health Section
Minority Health Month Mini-Grant
Proposal Cover Sheet

Legal Name of Applying Organization ____________________________________________

Address: ____________________________________________________________
(If using Post Office Box, a physical street address must also be used)

City: _________________, Michigan Zip: ___________ County: ________________

Agency Telephone: (____) ______________________ Fax #: (____) ___________

Federal Tax Identification #: _____________________________________________

Executive Director: _____________________ Phone: (__) _____________

E-mail: __________________________________________________________________

Project Manager: _________________________ Phone: (__) _____________

E-mail: __________________________________________________________________

Fiscal Officer: _________________________ Phone: (__) _____________

Email: __________________________________________________________________

Please indicate the racial/ethnic group(s) for which your organization will identify as the target population for your project. **Check all that apply:**
___ African American ___ Asian American/ Pacific Islander ___ Arab American/Chaldean

___ Hispanic/ Latino ___ Native American/ American Indian

Service Area/ Geographical Location- Please identify the primary community(s) to be served by your project: ________________________________________________________________

Program Budget Request Amount: ____________________________________________

______________________________________________________________
Signature of Executive Director                              Date

______________________________________________________________
Print/ Type Name and Title

______________________________________________________________
Signature, Authorized Representative                             Date

______________________________________________________________
Print/ Type Name and Title
Note: List all agencies that will be involved in a collaborative capacity with your Minority Health Month Event.

Host Agency:

________________________________________________________

Collaborating Agency Information:

Name: __________________________________________ Title: ____________________________

Agency Name: _______________________________________________________________________

City: _____________________, Michigan ZIP: ___________ County: _________________________

Agency Telephone #: (_____) __________________________ Fax: (___) _____________________

E-mail address: ________________________________________________________________

Collaborating Agency Information:

Name: __________________________________________ Title: ____________________________

Agency Name: _______________________________________________________________________

City: _____________________, Michigan ZIP: ___________ County: _________________________

Agency Telephone #: (_____) __________________________ Fax: (___) _____________________

E-mail address: ________________________________________________________________
Collaborating Agency Information:

Name: ___________________________ Title: ___________________________

Agency Name: ____________________________________________________________

City: ______________________, Michigan ZIP: __________ County: _____________

Agency Telephone #: (____) ______________________ Fax: (____) _______________

E-mail address: _____________________________________________________________

Collaborating Agency Information:

Name: ___________________________ Title: ___________________________

Agency Name: ____________________________________________________________

City: ______________________, Michigan ZIP: __________ County: _____________

Agency Telephone #: (____) ______________________ Fax: (____) _______________

E-mail address: _____________________________________________________________

Collaborating Agency Information:

Name: ___________________________ Title: ___________________________

Agency Name: ____________________________________________________________

City: ______________________, Michigan ZIP: __________ County: _____________

Agency Telephone #: (____) ______________________ Fax: (____) _______________

E-mail address: _____________________________________________________________
Attachment 3

Recommended Resources/Links

1. National Minority Health Month
   https://sph.umd.edu/sites/default/files/files/National_Negro_Health_Week.pdf:
   http://www.nmqf.org/healthmonth/

2. National Office of Minority Health
   http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=1

3. Michigan Public Act 653
   http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2985---,00.html

   http://minorityhealth.hhs.gov/assets/pdf/checked/1/ANDERSON.pdf

5. MI Health Equity Roadmap – www.michigan.gov/minorityhealth

6. MI Health Equity Toolkit/Holes in the Mitten video series - www.michigan.gov/minorityhealth
Health Disparities Reduction/ Minority Health Section
Minority Health Month Mini-Grant
Attachment 4 Budget Template
Attachment 5 Budget Summary
Can be found separately on our website
http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2985---,00.html

Note