



Preventing Obesity, Diabetes, and Heart Disease and Stroke in Ohio Communities (Local 1422)

Bidders Conference

October 10, 2014

1:00 – 3:00 pm

Agenda

1:00 pm – Introductions

1:05 pm – RFP Presentation

2:00 pm – Frequently Asked Questions (FAQ)

2:40 pm – Final Questions

3:00 pm – Adjourn



Housekeeping

- PowerPoint slides available on Healthy Ohio website <http://www.healthy.ohio.gov/local1422>
- **Put your phone on Mute.** If your phone does not have a Mute button, use *1
- Do not put your phone on hold at any time during the call
- Please hold questions until the end of the presentation



Purpose of Funding

Support implementation of population-wide and priority approaches to prevent obesity, diabetes, heart disease and stroke and reduce health disparities among adults in the service area.



Short-Term Outcomes

- ↑ settings that support physical activity (PA) and healthful foods and beverages
- ↑ use/reach of strategies to build support for lifestyle change
- Improved quality, effective delivery and use of clinical and other preventive services to increase management of hypertension (HTN) and prevention of type 2 diabetes
- ↑ community clinical linkages to support self-management and control of HTN and prevention of type 2 diabetes



Intermediate Outcomes

- ↑ consumption of nutritious food/beverages and ↑ PA
- ↑ engagement of lifestyle change programs
- Improved medication adherence for adults with HBP
- ↑ self-monitoring of HBP tied to clinical support
- ↑ referrals to and enrollments in lifestyle change programs



Long-Term Outcomes

- ↓ death and disability due to diabetes, heart disease and stroke by 3% in implementation area
- ↓ prevalence of obesity by 3% in implementation area
- These outcomes will be monitored by CDC



Number of Grants & Funding

- Centers for Disease Control and Prevention (CDC)
 - 2014 Prevention and Public Health Fund
- Approximately \$2,000,000/year
- Up to 5 local awards
- Maximum amount per award = \$400,000/year

ODH reserves the right to modify the number of grants awarded and the amount of funding based on applications, geographic representation and funds available.



Qualified Applicants

- Local public health departments
- Non-profit agencies partnering with a local public health department

* Only **one** application per county will be funded



Service Area

County Subawards:

- Up to 4 subawards will be funded
- Population of 100,000 or more
 1. Combined black & Hispanic population of 10% or more
 2. Poverty level of 18% or more (10% higher than state rate)
- Eligible counties – Allen, Butler, Clark, Cuyahoga, Franklin, Greene, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Richland, Summit and Trumbull



Service Area Continued

Multiple-county Subawards:

- 1 subaward to a group of 2-3 contiguous counties in Appalachian Ohio
- Combined population of 100,000 or more
- Lead county must have a poverty level of 18% or more
- Eligible Lead Counties – Adams, Ashtabula, Athens, Gallia, Guernsey, Harrison, Jackson, Meigs, Morgan, Pike, Perry, Ross, Scioto and Vinton



Program and Budget Periods

- **Project Period**
 - February 1, 2015 – September 29, 2018
- **Year 1 Budget Period**
 - February 1, 2015 – September 29, 2015
- **Years 2-4 Budget Period**
 - September 30 – September 29



Budget

Component 1: 50% of total award

- 30% for Strategy 1
- 70% for Strategies 2-7

Component 2: 50% of total award

- 70% for Strategies 1-5
- 30% for Strategies 6-8

Match or applicant share is not required.



Budget Example

TOTAL AWARD = **\$400,000**

Component 1: 50% of total award = **\$200,000**

- 30% for Strategy 1 = **\$60,000**
- 70% for Strategies 2-7 = **\$140,000**

Component 2: 50% of total award = **\$200,000**

- 70% for Strategies 1-5 = **\$140,000**
- 30% for Strategies 6-8 = **\$60,000**



Component 1 Purpose

Support environmental & systems approaches to promote health, support and reinforce healthful behaviors and build support for lifestyle improvements for the general population and particularly for those with uncontrolled high blood pressure (HBP) and at high risk for developing type 2 diabetes.



Component 1 Strategies

Strategy 1: Promote health and support and reinforce healthful behaviors, e.g., food and beverage guidelines including sodium standards

Strategies 2-7:

- Build support for lifestyle change
- Physical activity and healthier food access and sales



Component 2 Purpose

Supports **health system*** interventions and community-clinical linkages that focus on the general population and **priority populations.****

****Health Systems** – Health care delivery organizations that may include primary care practices, Patient Centered Medical Homes, health maintenance organizations (HMOs), Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs) and other clinical groups operating within the community.*

*****Priority Populations** – Subgroups with uncontrolled HBP or at high risk for type 2 diabetes who experience racial/ethnic or socioeconomic disparities (inadequate access to care, poor quality of care, or low income).*



Component 2 Strategies

Strategies 1-5: Health system interventions to improve the quality of health care delivery to populations with the highest hypertension and prediabetes disparities

Strategies 6-8: Community-clinical linkages to support heart disease, stroke and diabetes prevention efforts



Components 1 & 2

- **ALL** Component 1 environmental strategies and **ALL** Component 2 health system and clinical-community linkage strategies **MUST** be implemented in the same communities and jurisdictions
- Focus – adult population
- Local efforts will be supported by statewide efforts implemented by ODH and its partners



Important Dates

October 15, 2014	Notice of Intent to Apply for Funding due by 4 pm
November 17, 2014	Applications due by 4 pm
December 31, 2014	Tentative Notice of Award
February 1, 2015	Grant Start Date



Project Narrative

- 35 page limit
- Executive Summary
- Description of Applicant Agency/Documentation of Eligibility/Personnel
- Problem/Need
- Methodology



Executive Summary

- 1 page
- Summary of purpose and outcomes
- Suitable for public dissemination



Applicant Agency/Eligibility/Personnel

- Summarize agency structure
- Describe capacity of organization, personnel and contractors to communicate effectively/convey information to diverse audiences
- Note personnel or equipment deficiencies
- Describe plans for hiring and training
- Delineate personnel involved in program activities including position descriptions
- Describe relationship between program staff, other agency staff and other partners and agencies working on the program



Personnel

- Minimum of 2 FTEs:
 - 1 full-time staff to administer the grant
 - Equivalent of 1 FTE with skills/training to administer the strategies
- Personnel/Position Form (Attachment 1)



Problem/Need

- Identify local health status concern(s)
- Indicators should be measurable to serve as baseline for evaluation
- Explicitly describe segments of the population who experience disproportionate burden for the health concern or issue, or are at increased risk for the problem
- Describe other organizations/agencies in your area addressing the problem/need
- Include health equity component in this section (RFP pages 5-6)
- Complete the GMIS Health Equity Module



Methodology

- Describe capacity to carry out required strategies
- Demonstrate general readiness to work on strategies
 - Established partnerships relevant to the strategies
 - Prior experience working with priority populations e.g., technical assistance, demonstrated outcomes
 - Ability to conduct program evaluation and monitor performance
 - Committed agency leadership for program planning and implementation



Methodology Continued

- Demonstrate readiness to work on component-specific strategies

Component 1:

- Demonstrated experience in policy/environmental change
- Demonstrated experience in building support for lifestyle change for those at high risk for diabetes
- Establish partnerships with key stakeholders for nutrition and PA, policy/environmental change
- Established partnerships with key stakeholders for building support for lifestyle change



Methodology Continued

- Demonstrate readiness to work on component-specific strategies

Component 2:

- Access to health systems data (e.g., payer, aggregate EHR, health plan performance)
- Experience recruiting/working with community health systems to implement quality improvement processes
- Experience in engaging health care extenders to promote linkages between health systems and community resources
- Established partnerships with key stakeholders for health system interventions
- Experience in developing systems to facilitate bi-directional referral between health systems and community resources
- Established partnerships with key stakeholders for promoting community-clinical linkages
- Existing partnerships that are integral in accomplishing the grant's goals and objectives



Methodology Continued

- Project Management
 - Describe core program management to execute Components 1 and 2 including roles and responsibilities of project staff.
 - Describe who will have day-to-day responsibility for key tasks, e.g., leadership, monitoring on-going progress, preparation of reports, program evaluation, and communication with ODH and partners
 - Describe any contractual organizations, consultants and/or partner agencies that will have significant roles implementing strategies and achieving outcomes
 - Describe an efficient and effective mechanism for making sub-awards to communities, jurisdictions, and other local organizations and to ensure accountability for demonstrating impact on the project period outcomes.



Methodology Continued

- Provide a brief summary of current efforts made in the past 3 years that demonstrate capacity to implement the strategies in this RFP



Methodology Continued

- Develop a **Work Plan** that includes ALL required strategies in Components 1 & 2
 - Use the template provided (Attachment 2)
 - Follow Guidelines for Completing the Work Plan (Appendix E)

Work Plan does NOT count towards the 35 page limit



Completing the Work Plan*

- **Program Strategies** – Reflects a 4-year timeline; performance measures reported quarterly
- **Activities** – Identify specific agencies, provide more detailed activities/action steps
- **Target** – Values reflect 4-year project period outcomes
- **Progress** – *Leave this section blank for the application*

***Complete this work plan ONLY for Year 1**



Grant Attachments

- Personnel/Position (RFP Attachment 1)
- CVs/Resumes (RFP Attachment 1)
- Work Plan (RFP Attachment 2)
- Letters of Support
 - Creating Healthy Communities, if applicable
 - 4 from local partners
 - 2 for Component 1
 - 2 for Component 2



Grant Requirements

- Attend 2 program meetings each year in Columbus (include in the budget)
- Submit quarterly reports through GMIS
- Remain in regular contact with ODH Program Consultant
- Participate in training opportunities provided by ODH and/or partners



Grant Review

- Application Review Form (Appendix C)
- Applications will be reviewed and scored by ODH program staff and external reviewers based on the review criteria
- Grants with scores of **70%** or higher will be ranked and considered for funding



Questions

- Answers to previously submitted questions
- Additional questions - ??



FAQs

Submit additional questions to Michele Shough

Michele.shough@odh.ohio.gov

FAQs will be posted each Friday on the Healthy Ohio website:

<http://www.healthy.ohio.gov/local1422>



Reminders

- Label each section with appropriate headers
- Number all pages
- Follow the RFP carefully
- **Use the Application Review Form to develop your proposal**
- **No individual technical assistance will be given after today**
- Review the Glossary of Terms (Appendix G)

Good Luck!

