**Oregon Health Authority – Public Health Division – Maternal and Child Health Section** 

**Request for Grant Proposal:** Title V MCAH Needs Assessment Community Voices Mini-Grants

**Grant Amount:** Up to$7,000 per grantee

**Posted Date:** April 9, 2019

**Closing Date:** May 13, 2019

**Objective**

The objective of this mini grant is to gather culturally specific community feedback about the health needs of women, infants, children, youth and families in Oregon.

**Introduction**

The Title V Maternal and Child Health (MCH) Block Grant is a Federal program that provides funding to states to improve the health of all women, children, adolescents, and families – including children with special health care needs (CYSHCN). Oregon’s Title V program works with partners across the state to address health inequities and ensure that all women, children, youth, families and communities can thrive and reach their potential for life-long health and well-being. The current priorities for the MCH Title V program can be found at: [Oregon MCAH Title V Program Priorities 2016-2020](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/MCHTITLEV/Pages/PriorityAreas.aspx) .

Every five years, the State Title V Maternal, Child and Adolescent (MCAH) program conducts an assessment to better understand the health status and needs of Oregon’ women, children, youth and families; as well as the service system’s capacity to meet those needs. The needs assessment looks at the health of the entire population, with a special focus on populations that experience disparities. The results of the MCAH needs assessment are used to develop priorities for Oregon’s MCAH Block Grant programs to address over the next five years.

**Purpose**

The purpose of this grant opportunity is to:

* Engage partners and stakeholders to gather information about the health needs of women, infants, children, youth and families from communities most impacted by health disparities, and those that have not been well represented in previous needs assessments. Specific communities whose input will be sought through these grants include:
  + African American/Black families
  + Native American/Alaska Native families
  + Hispanic/Latinx families
  + Immigrant and refugee families
  + Rural families
  + Homeless families
  + LGBTQ youth with a special focus on transgender youth
  + Spanish-speaking youth
  + Native American youth
* Ensure that feedback from the above communities is incorporated into the MCAH Title V Program’s needs assessment, which guides the selection of priorities for Oregon’s Title V program for 2021-2025.

**Process**

The state MCAH Title V program has identified a set of questions around which we would like input from each community of focus. Grantees will be asked to solicit feedback from the community they represent and /or serve as indicated in their application, analyze and synthesize the community feedback, and supply a summary report to the Title V program using the template provided.

Grantees will identify the method for engagement and feedback that will work best for their community. Grantees are invited to leverage community level efforts that may be occurring for a community health assessment or improvement planning process. Options include, but are not limited to:

* Community meeting, focus group or listening session
* Online or paper based survey
* Tabling at community event
* Door to door solicitation or walking surveys

The Title V program will use these community feedback reports, along with information collected through various other needs assessment activities, to guide the selection of priorities for Oregon’s maternal, child and adolescent health program from 2021-2025.

**Application Process & Timeline**

1. Attend optional webinar on Thursday April 18th, 2-3PM for additional information about the Title V MCH Block Grant and this grant opportunity. Register for webinar at: [**Webinar Registration Link**](https://attendee.gotowebinar.com/register/4010663673887234563) or <https://attendee.gotowebinar.com/register/4010663673887234563>
2. Submit questions to [mchsection.mailbox@state.or.us](mailto:mchsection.mailbox@state.or.us) by April 23rd, 2019
3. The MCAH Title V program will post responses to all questions at: www.healthoregon.gov/mch on April 25th.
4. Complete application and submit to the MCAH Title V Program by May 13, 2019
5. Grantees will be notified of intent to award by May 20, 2019.
6. Grant period begins June 3, 2019.
7. Contracts signed, and funds awarded by June 3, 2019.
8. Grantees gather community feedback June 3 – July 12, 2019.
9. Grantees analyze and summarize feedback and write reports July 15 – Aug 2, 2019.
10. Grantee reports due back to state MCAH Title V program August 5, 2019.

**Eligibility**

The following organizations are eligible to apply:

* Any non-profit agency or other organization that provides culturally responsive services to the following communities of focus:
  + African American/Black families
  + Native American/Alaska Native families
  + Hispanic/Latinx families
  + Immigrant and refugee families
  + Rural families
  + Homeless families
  + LGBTQ youth with a special focus on transgender youth
  + Spanish-speaking youth
  + Native American youth
* Organizations with an interest in health equity
* Any federally-recognized tribe or tribal-related organization
* All Local Public Health Authorities
* Organizations serving areas outside of the Portland metro area are strongly encouraged to apply
* All grantees must abide by [OHA’s nondiscrimination policy,](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiJseik_oDcAhUKFzQIHd5SCroQFggqMAA&url=http%3A%2F%2Fwww.oregon.gov%2Foha%2FDocuments%2FOHA-Nondiscrimination-Policy.pdf&usg=AOvVaw3R-2lpg4U-hzTIAImxALzk) and state and federal civil rights laws, unless otherwise exempted by federal or state law. Specifically, people participating in OHA-sponsored activities or programs may not be treated unfairly because of age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation.

**Grant & Reporting Requirements**

Awards will be granted to up to 9 agencies. Eligible applicants may receive up to $7,000 per grant to gather feedback from one selected community of focus (see application for list of communities). Upon notice of intent to award, OHA may negotiate the project proposal and/or budget with the grantee. Payment schedule will be provided by the MCAH Title V Program prior to grant being awarded. Allowable expenses include:

* Rental of meeting space/booth
* Advertisement and outreach materials
* Meeting refreshments
* Supplies and printing costs
* Transportation/parking reimbursement
* Child care
* Incentives for participation (e.g. gift card or stipend)
* Interpretation and translation services
* Staff time or contracted facilitation

Questions to be addressed through community feedback include both general questions about how communities view their health and priorities for improving the health of women, children and families, as well as more specific questions related to state or federally designated Title V priority health topics. A list of the questions on which we’re seeking community input is included in Appendix B. Specific approaches and wording of questions and approaches to obtaining feedback can be modified by grantees to be community-specific.

The following reports will be submitted to the MCAH Title V Program:

* Written report describing prioritized maternal, child and adolescent health issues with brief narrative describing process used. The reporting template will be provided by OHA-PHD (**Due date: August 5, 2019).** See Appendix C for more specifics about the required report.
* Fiscal report for project: Submit a line item invoice displaying how funds were spent. Submit report to OHA-PHD MCH Title V program by August 12th, 2019.
  + One interim payment may be requested during the project period using the invoice template provided, or the full funding can be invoiced at the project’s conclusion**.**
  + See Appendix C for invoice format.

If grant funds are used for any purpose other than what is agreed upon at the time that funds are granted, or grant is not fully expended, the recipient will be responsible for returning the unused/unapproved amount to the State of Oregon.

**Technical Assistance**

State MCH Title V program will provide:

* Orientation training by webinar on May 27, 2019 2:30 – 3:30 PM.
* Materials in English (e.g. data and background information on the Title V program, its priorities and strategies; demographic collection tool)
* If desired, a staff representative from the MCAH Title V Program may be able to attend meetings or events to provide assistance or answer questions as needed.
* Reporting template
* Debrief webinar with grantees to solicit feedback on mini-grant process and share how Grantee reports will be used in the Title V prioritization process.

**Application Scoring**

Applicants will be scored and ranked as follows (See Appendix A for more information):

Demonstration of work with communities experiencing health disparities: 25%

Prior experience soliciting feedback from community members:25%

Proposed method of feedback solicitation: 50%

Budget proposal: Pass/fail

**For more information**

For more information, email: [mchsection.mailbox@state.or.us](mailto:mchsection.mailbox@state.or.us).

**Helpful Resources:**

* [Oregon MCAH Title V Fact Sheet](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/MCHTITLEV/Documents/MCHTitleVFactSheet.pdf)
* [Oregon MCAH Title V Program Priorities 2016-2020](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/MCHTITLEV/Pages/PriorityAreas.aspx)
* [NACCHO’s Guide to Prioritization Techniques](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwjp29rPkJPcAhU-FTQIHSDzCjYQFghGMAI&url=https%3A%2F%2Fwww.naccho.org%2Fuploads%2Fdownloadable-resources%2FGudie-to-Prioritization-Techniques.pdf&usg=AOvVaw2OIZbQpRn8Qup3sHbsZcbN)
* [NACCHO’s MAPP Guidance: Phase 4, Identifying and prioritizing strategic issues](https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues)
* [Good & Healthy South Dakota Communities: Using data to determine health priorities](http://goodandhealthysd.org/communitytoolkit/#Using_CHNA_Data_Results_to_Determine_Health_Priorities_templates) & [Community Health Needs Assessment Priority Setting](about:blank)

**Application**

Title V MCAH Needs Assessment Community Voices Mini-Grants

**Please complete the following questions within 5 pages. Submit completed applications to** [**mchsection.mailbox@state.or.us**](mailto:mchsection.mailbox@state.or.us) **by 5:00pm, Monday May 13, 2019.**

***Contact/Organizational information***

Organization Name:

Street address:

City/State:

Zip code:

Organization website:

Contact person:

Title:

Phone number:

Email:

Tax ID, EIN or FIN

***How did you hear about this mini-grant opportunity?***

***Brief description of your organization***

* Brief description of community served and impact of health disparities
* Geographic area served
* Why is your organization interested in this mini-grant opportunity?

***Project proposal***

1. Please indicate the community from the list below that your agency will engage and gather feedback from with this grant.

Which community of focus will your organization work with? (select one)

☐ African American/Black families

☐ Native American/Alaska Native families

☐ Hispanic/Latinx families

☐ Immigrant and refugee families

☐ Rural families

☐ Homeless families

☐ LGBTQ youth with a special focus on transgender youth\*

☐ Spanish-speaking youth\*

☐ Native American youth\*

\*These require direct engagement of youth participants

1. Describe your organization’s prior experience soliciting feedback from community members, including youth if applicable.
2. Describe how you will inform community members about the opportunity to provide feedback for the Oregon Maternal, Child, and Adolescent Health Needs Assessment (e.g. method of outreach, advertising).
3. Describe how you will solicit feedback from community members (e.g. community meeting or listening session, surveys, community event, etc.). Include the number of people you estimate being able to reach with your effort, and what geographic area(s) of Oregon your community data collection activities will reach.
4. Describe method you will use to synthesize community feedback and prioritize topics (voting, consensus building, strategy grid, etc.)
5. Describe how you will remove barriers/provide incentive for participating (e.g. timing/location of meeting, provision of child care, refreshments, transportation/parking, incentives).
6. Describe how you will ensure voices/opinions of participants are heard and documented (e.g. interpretation/translation, recorder/note-taker, experience of facilitator, etc.).

***Budget proposal***

Note: Grants are not to exceed $7,000.

All applications must include a budget proposal. **Note:** up to 20% of funding can be moved between categories without prior PHD approval. Any budget amendment above that amount will require prior approval.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenditure** | **MCAH Title V mini-grant** | **Other/in-kind resources** | **Total** |
|  |  |  |  |
| Agency staff |  |  |  |
| Contracted staff |  |  |  |
| Rental of meeting space/booth |  |  |  |
| Travel |  |  |  |
| Interpretation |  |  |  |
| Translation |  |  |  |
| Outreach/advertising materials |  |  |  |
| Child care |  |  |  |
| Refreshments |  |  |  |
| Incentives |  |  |  |
| Other #1 (please specify) |  |  |  |
| Other #2 (please specify) |  |  |  |
| Other #3 (please specify) |  |  |  |
| Sub-total |  |  |  |
| Administrative (not to exceed 10% of direct charges) |  |  |  |
| Total |  |  |  |

**Appendix A. Mini-grant scoring criteria**

In addition to the criteria listed below, consideration will also be paid to ensure geographic representation and representation of diverse communities. Applicants will be scored and ranked as follows:

1. Demonstration of work with the selected community : 25 possible points
   * Did the Proposer demonstrate sufficient experience working with their selected community?
   * Did the Proposer demonstrate sufficient understanding of health disparities impacting their selected community?
   * Did the proposer describe the geographic region served?
   * Did the proposer adequately describe why the organization is interested in this grant opportunity?
2. Prior experience soliciting feedback from community members: 25 possible points
   * Did the Proposer demonstrate sufficient relevant experience soliciting feedback from their selected community?
3. Proposed method of feedback solicitation: 50 possible points
   * Did the Proposer provide a realistic plan to inform community members about the opportunity to inform the MCAH Title V Needs Assessment and selection of Title V priorities?
   * Did the Proposer sufficiently describe how feedback from community members will be solicited?
   * Will the proposed method reach a substantial number of people?
   * Did the Proposer describe the method they will use to synthesize the feedback and prioritize the topics?
   * Did the Proposer sufficiently describe how barriers to participation will be addressed?
   * Did the Proposer sufficiently describe how they will ensure opinions of participants are heard and documented?
4. Budget proposal: Pass/fail
   * Was a budget provided that aligns with the engagement method proposed?

**Appendix B. Questions for Community Feedback**

The following questions can be used to guide your community data collection and will be the focus of the report. Grantees are welcome to modify how they are asked to fit community need. However, the lists of health topics in questions 3–6 and 9 are set by our Federal grant so can’t be modified**.**

***Please note:***

* Questions for community feedback will vary depending on the Title V community of focus that you are working with (see questions below)
* Where applicable, take note of the special needs of non-traditional caregivers and family structures, such as the needs of fathers and grandparents as caregivers, and the needs of LGBTQ+ families

**Use the questions 1 – 6 below if your proposal is for work with one of the following communities of focus:**

• African American/Black families

• Native American/Alaska Native families

• Hispanic/Latinx families

• Immigrant and refugee families

• Rural families

• Homeless families

1. What issues or topics most impact the health of the women, children and families in your community? These may include health, social, economic, or community concerns.

(Please ask participants how each of these topics impacts their health or the health of their family or community, and which have the greatest influence.)

1. The state Title V program is currently working on the following topic areas:

* Toxic stress, trauma and adverse childhood events
* Food insecurity
* Culturally and linguistically responsive services

How do these topics impact the health of women, children, and families in your community, and which should continue to be a priority for the state MCAH program?

1. If we could support your community on one or two of the following issues, which would you prioritize for women’s and maternal health and why?
   1. Well woman visit
   2. Low-risk cesarean delivery
   3. Oral health
   4. Smoking during pregnancy
2. If we could support your community on one or two of the following issues, which would you prioritize for perinatal (pregnancy-related) and infant health and why?
   1. Risk-appropriate perinatal care
   2. Breastfeeding
   3. Safe sleep
3. If we could support your community on one or two of the following issues, which would you prioritize for children’s health and why?
   1. Developmental screening
   2. Injury
   3. Physical activity
   4. Oral health
   5. Smoking exposure
   6. Adequate insurance coverage
4. If we could support your community on one or two of the following issues, which would you prioritize for adolescent health and why?
   1. Injury
   2. Physical activity
   3. Bullying
   4. Adolescent well visit
   5. Oral health
   6. Smoking exposure and use
   7. Adequate insurance coverage

**Use the questions 7 – 10 below if your proposal is for work with one of the following communities of focus:**

• Transgender/LGBTQ youth

• Spanish speaking youth

• Native American youth

**Please note that these questions must be answered through direct engagement of youth, not by adults working with youth**

1. What are the most important health issues or topics facing young people today?
2. What influences your health and how you feel?
3. The state Title V program is currently working on the following topic areas:

* Toxic stress, trauma and adverse childhood events
* Food insecurity
* Culturally and linguistically responsive services

How do these topics impact the health of youth in your community, and which should continue to be a priority for the state MCAH program?

1. If we could support your community on one or two of the following issues, which would you prioritize for youth and why?
   1. Injury
   2. Physical Activity
   3. Bullying
   4. Adolescent Well Visit (access to health services)
   5. Oral health
   6. Smoking
   7. Insurance (how to pay for care)

**Appendix C. Report**

The Report on findings from your assessment activities will be due August 5th, 2019. A reporting template will be provided.

**Report components for the following communities of focus:**

* African American/Black families
* Native American/Alaska Native families
* Hispanic/Latinx families
* Immigrant and refugee families
* Rural families
* Homeless families

1. Information about participants (not including staff of grantee)
   1. Number of participants
   2. Demographics of participants in aggregate (by race/ethnicity, gender, age, education, disability, sexual orientation status, and/or other disparity related social identity)
2. Summary of process to solicit feedback including date(s), time(s),location(s), and method(s) used.
3. A prioritized list of the identified topics that most impact the maternal and child health of the community. A description of the importance and impact of these topics on the community.
4. A description of the importance and impact of the following topics on the health of women children and families in the community:
   * Toxic stress, trauma and adverse childhood events
   * Food insecurity
   * Culturally and linguistically responsive services
5. The community’s selected women’s and maternal health priorities from the list below:
6. Well woman visit
7. Low-risk cesarean delivery
8. Oral health
9. Smoking
10. The community’s selected perinatal (pregnancy-related) and infant health priorities from the list below:
    1. Risk-appropriate perinatal care
    2. Breastfeeding
    3. Safe sleep
11. The community’s selected children’s health priorities from the list below:
12. Developmental screening
13. Injury
14. Physical activity
15. Oral health
16. Smoking
17. Adequate insurance coverage
18. The community’s selected adolescent health priorities from the list below:
19. Injury
20. Physical activity
21. Bullying
22. Adolescent well visit
23. Oral health
24. Smoking
25. Adequate insurance coverage
26. Successes/accomplishments of process:
27. Barriers/limitations of process:

**Report components for the following communities of focus:**

* Transgender/LGBTQ youth
* Spanish speaking youth
* Native American youth

1. Information about participants (not including staff of grantee)
   1. Number of participants
   2. Demographics of participants in aggregate (by race/ethnicity, gender, age, education, disability, sexual orientation status, and/or other disparity related social identity)
2. Summary of process to solicit feedback including date(s), time(s),location(s), and method(s) used.
3. The identified health issues or topics facing youth in the community, and a description of the impact and importance of each issue.
4. A list of influences on the health of youth in your community of focus.
5. A description of the importance and impact of the following topics on the health of youth in the community:
   * Toxic stress, trauma and adverse childhood events
   * Food insecurity
   * Culturally and linguistically responsive services
6. The community’s selected health topics from the following list:
   1. Injury
   2. Physical Activity
   3. Bullying
   4. Adolescent Well Visit (access to health services)
   5. Oral health
   6. Smoking
   7. Insurance (how to pay for care)
7. Successes/accomplishments of process:
8. Barriers/limitations of process:

|  |  |  |  |
| --- | --- | --- | --- |
| **Appendix D. MCAH Title V Needs Assessment Mini-Grant Fiscal Reporting/Invoice Form** | | | |
| **OREGON HEALTH AUTHORITY** | | | |
| **PUBLIC HEALTH DIVISION EXPENDITURE REPORT** | | | |
| **AGENCY:** |  | | |
|  |  |  |  |
| **CONTRACT NO:** |  |  |  |
|  |  |  |  |
| **CONTRACT PERIOD:** | 6/3/2019 | to | 8/2/2019 |
|  |  |  |  |
| **CONTRACT AMOUNT:** |  |  |  |
|  |  |  |  |
| **REPORTING PERIOD:** |  | to |  |
|  | |  |  |
|  |  |  |  |
| **EXPENDITURES** | **Report Period Expenditures** |  | **Year to Date Expenditures** |
| Agency staff |  |  |  |
| Contracted staff |  |  |  |
| Rental of meeting space/booth |  |  |  |
| Travel |  |  |  |
| Interpretation |  |  |  |
| Translation |  |  |  |
| Outreach/advertising |  |  |  |
| Child care |  |  |  |
| Refreshments |  |  |  |
| Incentives |  |  |  |
| Other #1 (please specify) |  |  |  |
| Other #2 (please specify) |  |  |  |
| Other #3 (please specify) |  |  |  |
| **Total Direct Charges** | $ - |  | $ - |
| Administrative Indirect (not to exceed 10% of direct charges) |  |  |  |
| **TOTAL EXPENDITURES** | $ - |  | $ - |
|  |  |  |  |
| **CERTIFICATE** |  |  |  |
| I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award/agreement. I am aware that any false, fictitious or fraudulent information, or the ommission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherise. (45 CFR 75.415) | | | |
|  |  |  |  |
| **PREPARED BY:** |  | | |
| **CONTACT EMAIL / PHONE:** |  | | |
|  |  |  |  |
| **AUTHORIZED AGENT SIGNATURE:** |  | | |
| **DATE SIGNED:** |  | | |
|  |  | |  |