

IMPROVING COMMUNITY HEALTH OUTCOMES

Grant Opportunities and Other Resources



Sharon L. Ricks, MA

Acting Regional Health Administrator
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
Region IV

OVERVIEW

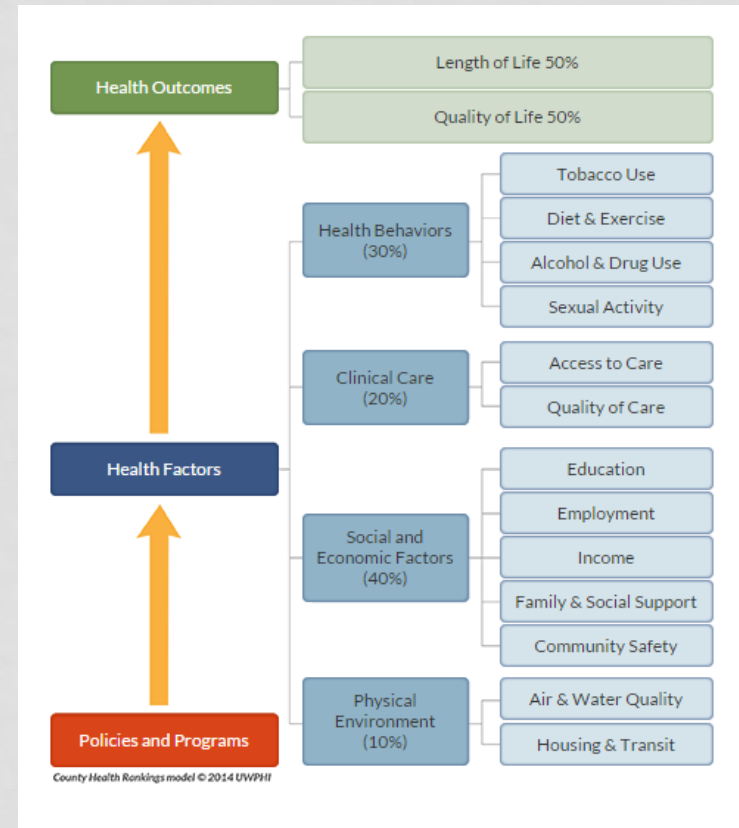
Before You Apply...

- Know the Factors that Influence Health in Your Community
- Identify the Areas of Greatest Need
- Engage with Multiple Stakeholders
- Request Free Technical and Capacity Building Assistance
- Request a Customized Funding Search

Current Funding Opportunities

The views shared in this presentation reflect those of the author and not necessarily those of the U.S. Department of Health and Human Services.

BEFORE YOU APPLY

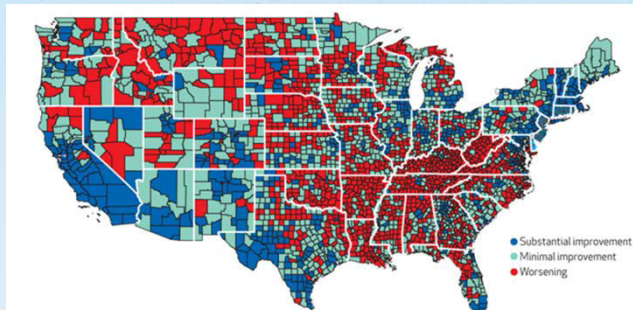


DEFINE YOUR COMMUNITY

WHERE

Focus on Areas of Greatest Need

Your zip code can be more important than your genetic code. Profound health disparities exist depending on where you live.



Change in female mortality rates from 1992–96 to 2002–06 in US counties

WHERE TO FIND COUNTY-LEVEL DATA

- <http://www.healthstatus2020.com/>
- <http://www.communitycommons.org/>
- <http://minorityhealth.gov> or 1-800-444-6472
- www.countyhealthrankings.org
- <http://wwwn.cdc.gov/CommunityHealth/home>

Figure 16: US life expectancy by county, males, 2010

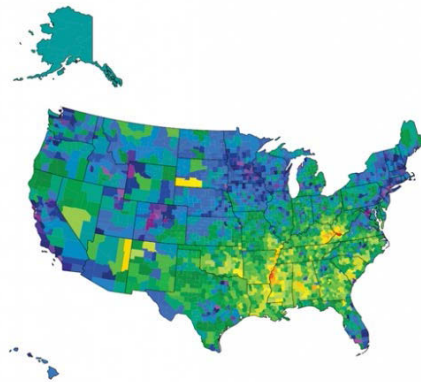
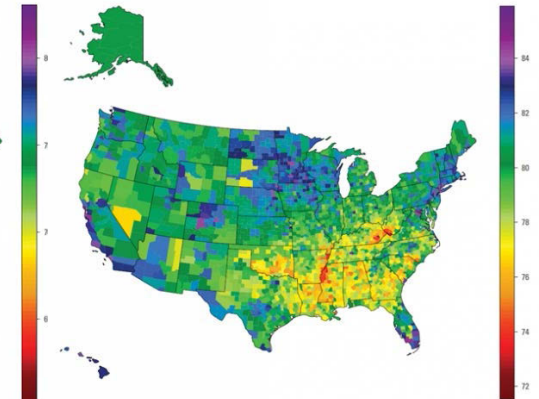


Figure 17: US life expectancy by county, females, 2010



Americans of both genders are more likely to die earlier if they live in the South.

FIND THE DATA

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

HEALTH RANKINGS | ROADMAPS TO HEALTH | RESOURCES | MORE

Search by county, state, or topic

HOW HEALTHY IS YOUR COMMUNITY?

VT
MA
RI
CT
NJ
DE
MD

Choose a state or search below to begin

Find your community

Search by county or state

OR

See what affects health

Select a Measure

Select your State

HOW CAN ROADMAPS TO HEALTH HELP YOU?

GET STEP-BY-STEP GUIDANCE FROM THE ACTION CENTER

THE 2016 RWJF CULTURE OF HEALTH PRIZE

LEARN MORE

www.countyhealthrankings.org

FIND THE DATA

HEALTH OUTCOMES OVERALL RANK

Rank	County
1	Forsyth (FO)
2	Oconee (OC)
3	Fayette (FY)
4	Harris (HI)
5	Gwinnett (GW)
6	Cherokee (CE)
7	Cobb (CB)
8	Columbia (CU)
9	Paulding (PD)
10	Coweta (CW)
11	Oglethorpe (OG)
12	Catoosa (CS)
13	Dawson (DW)
14	Hall (HL)
15	Houston (HO)
16	Camden (CM)
17	Gilmer (GI)
18	Lee (LE)
19	Habersham (HA)
20	Henry (HY)
21	Barrow (BW)
22	Effingham (EF)

HEALTH FACTORS OVERALL RANK

Rank	County
1	Oconee (OC)
2	Fayette (FY)
3	Forsyth (FO)
4	Harris (HI)
5	Columbia (CU)
6	Cherokee (CE)
7	Cobb (CB)
8	Bryan (BR)
9	Union (UN)
10	Lee (LE)
11	Gwinnett (GW)
12	Coweta (CW)
13	Henry (HY)
14	Paulding (PD)
15	Dawson (DW)
16	Pickens (PC)
17	Camden (CM)
18	Catoosa (CS)
19	Jackson (JA)
20	Towns (TO)

GEORGIA 2016

Overview | Rankings | Measures | Downloads | Compare Counties | Select a county | Print | Help

Find out how healthy your county is and explore factors that drive your health

Overall Rankings in Health Outcomes

RANK 1-40 41-80 81-119 120-159 NOT RANKED (NR)

Overall Rankings in Health Factors

RANK 1-40 41-80 81-119 120-159 NOT RANKED (NR)

IDENTIFY AREA OF GREATEST NEED



Quitman (QU)

Show areas to explore Show areas of strength

County Demographics +

	Quitman County	Trend	Error Margin	Top U.S. Performers [^]	Georgia	Rank (of 159)
--	----------------	-------	--------------	----------------------------------	---------	---------------

Health Outcomes

Length of Life 155

Premature death	12,400		9,400-16,000	5,200	7,300
-----------------	--------	--	--------------	-------	-------

Quality of Life 157

Poor or fair health**	26%		26-27%	12%	17%
Poor physical health days**	5.0		4.9-5.2	2.9	3.8
Poor mental health days**	4.6		4.4-4.8	2.8	3.8
Low birthweight	17%		12-23%	6%	9%

Additional Health Outcomes (not included in overall ranking) +

Wheeler (WE)

Show areas to explore Show areas of strength

County Demographics +

	Wheeler County	Trend	Error Margin	Top U.S. Performers [^]	Georgia	Rank (of 159)
--	----------------	-------	--------------	----------------------------------	---------	---------------

Health Factors 159

Health Behaviors 150

Adult smoking**	21%		20-22%	14%	16%
Adult obesity	34%		27-41%	25%	29%
Food environment index	6.2			8.3	6.5
Physical inactivity	33%		26-40%	20%	25%
Access to exercise opportunities	4%			91%	75%
Excessive drinking**	16%		15-16%	12%	16%
Alcohol-impaired driving deaths	33%		11-55%	14%	24%
Sexually transmitted infections	190.2			134.1	514.8
Teen births	77		62-96	19	42

Additional Health Behaviors (not included in overall ranking) +

Clinical Care 159

Uninsured	23%		20-25%	11%	21%
Primary care physicians	7,910:1			1,040:1	1,540:1
Dentists				1,340:1	2,060:1
Mental health providers				370:1	850:1
Preventable hospital stays	114		85-143	38	55
Diabetic monitoring	70%		51-89%	90%	85%
Mammography screening	46%		26-67%	71%	62%

Additional Clinical Care (not included in overall ranking) +

Social & Economic Factors

154

High school graduation	78%		93%	73%
Some college	22%		14-29%	72%
Unemployment	12.1%		3.5%	7.2%
Children in poverty	37%		27-48%	13%
Income inequality	5.1		2.3-8.0	3.7
Children in single-parent households	38%		18-58%	21%
Social associations	3.8			22.1
Violent crime	27			59
Injury deaths	60		38-90	51

Additional Social & Economic Factors (not included in overall ranking) +

Physical Environment

23

Air pollution - particulate matter	12.7			9.5	12.8
Drinking water violations	No		No		
Severe housing problems	8%		3-13%	9%	18%
Driving alone to work	88%			71%	79%
Long commute - driving alone	32%		21-43%	15%	39%

2016
[^] 10th/90th percentile, i.e., only 10% are better.
 Note: Blank values reflect unreliable or missing data
 ** Data should not be compared with prior years due to changes in definition/methods



Quitman County, GA

The following Summary Comparison Report provides an "at a glance" summary of how the selected county compares with **peer counties** on the full set of **Primary Indicators**. Peer county values for each indicator were ranked and then divided into quartiles.

	Better  (most favorable quartile)	Moderate  (middle two quartiles)	Worse  (least favorable quartile)
Mortality	<u>Coronary heart disease deaths</u>	<u>Female life expectancy</u>	<u>Cancer deaths</u> <u>Male life expectancy</u>
Morbidity	<u>Syphilis</u>	<u>HIV</u>	<u>Alzheimer's diseases/dementia</u> <u>Cancer</u> <u>Gonorrhea</u> <u>Preterm births</u>
Health Care Access and Quality			<u>Primary care provider access</u> <u>Uninsured</u>
Health Behaviors		<u>Teen Births</u>	
Social Factors	<u>Children in single-parent households</u>	<u>High housing costs</u> <u>On time high school graduation</u> <u>Poverty</u> <u>Unemployment</u>	<u>Violent crime</u>
Physical Environment		<u>Annual average PM2.5 concentration</u> <u>Housing stress</u> <u>Living near highways</u>	<u>Access to parks</u> <u>Limited access to healthy food</u>

ENGAGE PARTNERS



Identify stakeholders and address stakeholder interests.
<http://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/identify-stakeholders/checklist>

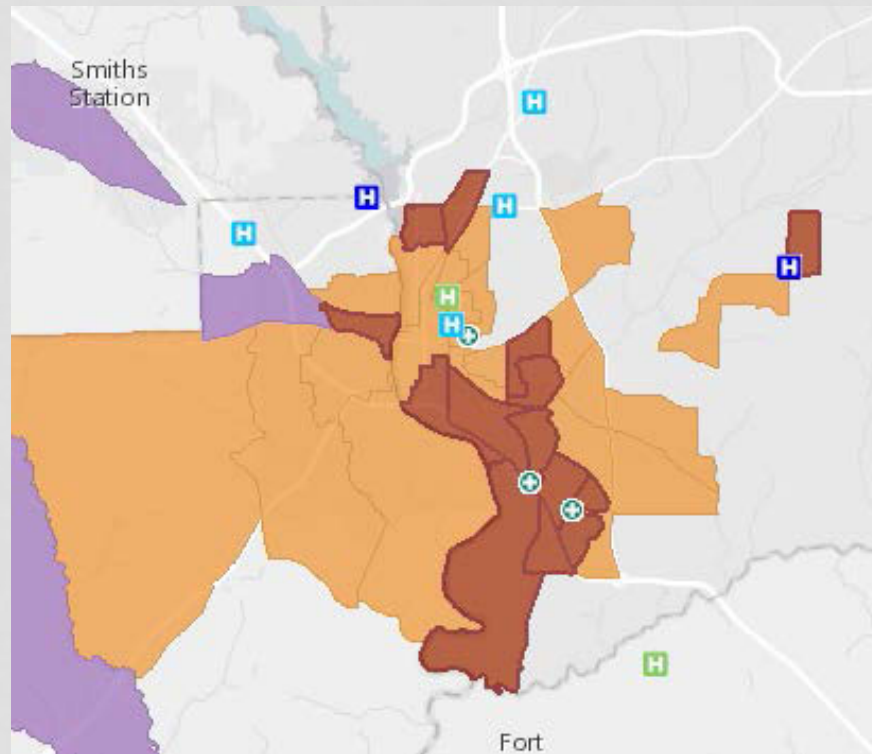
Engage Partners, Stakeholders, and Community Members_
<http://archived.naccho.org/topics/infrastructure/CHAIP/partner-engagement.cfm>

A Practitioner's Guide to Advancing Health Equity—
Meaningful Community Engagement for Health and Equity
<http://www.cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf> Go to **pages 10–13** for a collection of health-equity considerations for policy, systems, and environmental strategies. Included are questions to consider and examples of how to integrate health equity into local practice.

POTENTIAL PARTNERS

Vulnerable Populations Footprint

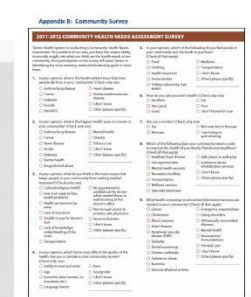
- ACA requires non-profit hospitals to conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years. (Effective for tax years beginning after March 23, 2012).
- Community and public health involvement is required
- Failure to comply may result in civil fines and/or revocation of tax status



HOSPITAL COMMUNITY BENEFIT PROCESS POST ACA



Gather information about the community's health



Define the community

Involve the community and public health

Focus Groups, Key Informant Interviews



- ❖ Access to Care
- ❖ Chronic Disease Education, Prevention, and Management
- ❖ Mental Health

Implement programs and report yearly on progress

Choose what needs to address; publish assessment report



LOCAL ANCHOR INSTITUTION (HOSPITAL) CREATES JOBS UNIVERSITY HOSPITALS–CLEVELAND, OHIO

A unique collaboration between the City of Cleveland, local businesses, local trade unions (the Cleveland Building Construction Trades Council) and University Hospitals helped develop the Vision 2010 construction project focused on the use of a diverse and local labor force, local and sustainable suppliers, and women- and minority-owned contractors to build community wealth.



Results: This effort generated 5,200 construction jobs, \$500 million in wages and 1,200 permanent jobs. It has also built the capacity of local women- and minority-owned businesses to fulfill large-scale contracts.

MASSACHUSETTS COLLABORATION REDUCES OVERDOSES AND DRUG RELATED DEATHS

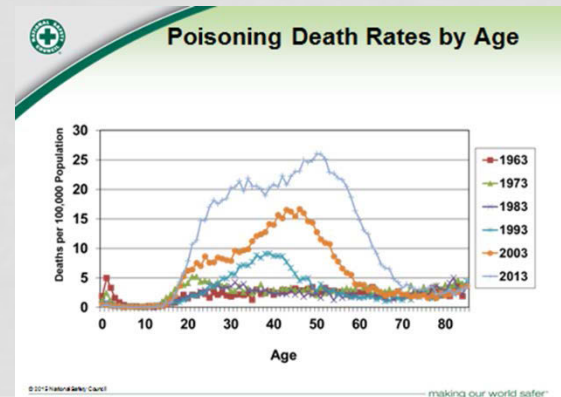
In the Charlestown neighborhood of Boston, the Massachusetts General Hospital, the Charlestown Substance Abuse Coalition, the Charlestown Drug Court, the Boston Public Health Commission, and a social marketing firm collaborated to:

- Create an anti-prescription drug overdose social marketing campaign
- Make referrals to treatment facilities
- Offer treatment as an alternative to incarceration
- Provide substance abuse curricula for children
- Train local residents in the administration of Naloxone

Sarah Coughlin, CSAC
Phone: 617 726-0059



Result: opioid overdoses were reduced by 50% (2004-2012) and drug-related deaths were reduced by 78% (2003-2008)



MECKLENBURG COUNTY, NC, HEALTH DEPARTMENT – VILLAGE HEARTBEAT

21 New Million Hearts® Congregations
in North Carolina

(<http://villagehb.org>).



TRINITY HEALTH TO INVEST IN PARTNERSHIPS THAT ADDRESS ROOT CAUSES OF POOR HEALTH

- Trinity Health has announced Transforming Communities Funding Opportunity that exemplifies the type of collaborative approach used by more and more health systems. They awarded six collaborative community partnerships with an anticipated investment of \$80 million over 5 years to reduce tobacco use and obesity. **Trinity provided the CDC CHI Navigator as a resource for applicants.**



Capacity Building and Technical Assistance



Organizational Infrastructure Assistance

- Resource Development
- Board Development
- Staff Development
- Agency Infrastructure Development
 - Policies
 - Communications
- Strategic Planning
- Needs Assessment Activities
- 501 (c)(3) Assistance

Programmatic Design

- Case Management Development
- Program Design and Development
- HIV Training and Information Development
- Treatment Programming

Training Initiatives

- Facilitation & Mediation Services
- Workshop Facilitation

Cultural Competency Assistance

- Cultural Competency Training

Community Outreach Services

- Collaboration and Networking
- Community Mobilization

Communications Assistance

- Educational Materials Development
- Social Marketing Assistance
- Marketing & Publications Development

JBlackwell@minorityhealth.hhs.gov

<http://minorityhealth.hhs.gov>
info@minorityhealth.hhs.gov

1-800.444.6472

CASE STUDY

OMHRC assisted the Chester City Department of Health in determining what skills were needed to increase the services to their communities. City employees were provided with Social Work ethics skills, and helped to enhance their HIV assistance to youth in the area.



OMHRC CAN HELP YOU FIND

Data

Current data on a variety of health conditions affecting racial and ethnic minorities.

Funding

Customized funding search revealing both government and private funds.

Information

Programs and Organizations that support ethnic and racial minorities. Article citations and documents on minority health. Information on Minority Health issues and concerns. Health related services for each of the federally recognized minority groups.

Call 1-800-444-6472 or visit <http://minorityhealth.hhs.gov>

Communities Addressing Childhood Trauma (ACT)

Announcement Number: MP-CPI-16-002

Opportunity Title: Communities Addressing Childhood Trauma (ACT)

Estimated Funding Level: \$3,000,000/year

Expected Number of Awards: 7-9

Range of Awards: \$325,000 to \$400,000 per year

Anticipated Start Date: 07/01/2016

Period of Performance: Not to exceed five years

Budget Period Length: 12 months

Application Deadline: April 18, 2016 by 5 p.m. ET

Technical Assistance Webinar: The replay of the technical assistance webinar for interested applicants will be available shortly.

Promote healthy behaviors among minority and/or disadvantaged youth at risk for poor health/life outcomes due to childhood trauma.

- Homicides, Nonfatal assaults, School Violence
- Suicide
- Domestic violence
- Physical and Sexual Abuse
- Neglect
- Recovery from disasters or other emotionally harmful experiences.



<http://www.grants.gov/view-opportunity.html?oppld=281316>.

<http://minorityhealth.hhs.gov> - info@minorityhealth.hhs.gov - 1-800.444.6472

Re-Entry Community Linkages (RE-LINK) Program

Announcement Number: MP-CPI-16-003

Opportunity Title: Re-Entry Community Linkages
(RE-LINK) Program

Estimated Funding Level: \$2,000,000 per year

Expected Number of Awards : 5-6

Range of Awards : \$300,000 to \$375,000 per year

Anticipated Start Date : 07/01/2016

Period of Performance : Not to exceed five years

Budget Period Length: 12 months

Application Deadline: April 21, 2016 by 5 p.m. ET

Technical Assistance Webinar: The replay of the technical assistance webinar for interested applicants will be available shortly.

Connect minority and disadvantaged re-entrants to:

- Health Care
- Behavioral health care services
- Health care coverage through ACA and Medicaid
- Housing
- Adult Education
- Employment Assistance



<http://www.grants.gov/web/grants/view-opportunity.html?oppld=281609>

<http://minorityhealth.hhs.gov> - info@minorityhealth.hhs.gov - 1-800.444.6472

College Sexual Assault Policy and Prevention Initiative

The Office on Women's Health announces the College Sexual Assault Policy and Prevention Initiative. This initiative will award up to 10 cooperative agreements totaling \$2 million over a three-year period.

Applications should focus on implementing policies and practices at post-secondary schools, such as colleges and universities, to prevent sexual assault on their campuses. Submission deadline is April 8, 2016.

For information, visit

<http://www.grants.gov/web/grants/view-opportunity.html?oppld=281052>



Smoke-Free and Tobacco-Free Community College Grant Initiative

Community colleges can apply for a \$10,000 grant by submitting a proposal between March 1 and April 29. Applicants who miss the initial deadline can apply for a \$7,500 grant by submitting an application before July 15. In addition to the financial support, awardees will receive technical assistance through webinars, learning communities, and one-on-one consultations facilitated by Truth Initiative. Information is available here <http://truthinitiative.org/news/helping-community-colleges-kick-their-tobacco-free-campus-efforts-gear>



**truth
initiative**

INSPIRING
TOBACCO-FREE
LIVES

17.9 percent of students with an associate degree smoke compared to 9.1 percent of students with an undergraduate degree. To help community colleges join the growing movement of adopting tobacco-free policies, Truth Initiative is opening two new rounds of grants to community colleges that do not currently have smoke-free policies in place to protect students, faculty and staff on their campuses.

HBCUs in support of the Tobacco-Free HBCU Campus Initiative

Truth Initiative is inviting qualifying institutions to apply for grants of \$7,500 to support creative, promising approaches to effect policy change. Grantees will receive technical assistance throughout the policy planning and implementation process. Funding is available only to the federally recognized HBCUs who do not currently have a comprehensive 100% smoke-free or tobacco-free policy. Eligible institutions may apply by invitation only. If you are interested in applying, please contact Denise Smith at SmokeFreeHBCUs@truthinitiative.org.

Out of 1,514 smoke-free or tobacco-free colleges presently confirmed with comprehensive policies by Americans for Nonsmoker Rights, 37 represent HBCUs. A majority of HBCUs do not have comprehensive smoke-free or tobacco-free policies needed to protect their students, employees and faculty.



Assets for Independence

- Enables nonprofits and government agencies to improve the economic status of working individuals and families.
- Helps participants save earned income in matched savings accounts called Individual Development Accounts (IDAs). *Every dollar in savings deposited into an IDA by participants is matched (from \$1 to \$8) by the AFI project.*
- Helps participants/families buy their first home; capitalize a small business; or enroll in post-secondary education or training.

ADMINISTRATION FOR CHILDREN & FAMILIES

The Assets for Independence (AFI) funding opportunity announcement (FOA) has been published and is available at <http://www.acf.hhs.gov/grants/open/foa/index.cfm?switcch=foa&fon=H...> Application deadlines are as follows:
FY 2016: December 15, 2015 and May 13, 2016
FY 2017: October 11, 2016 and April 3, 2017

The Office of Community Services (OCS) offers training and technical assistance to potential applicants to facilitate understanding of AFI program requirements. OCS also highlights and disseminates information on effective strategies and practices for successful AFI project implementation. Information about resources, trainings, and other assistance for grantees and potential applicants is posted on the AFI Resource Center website at <http://www.idaresources.acf.hhs.gov>. To receive email updates from the AFI Resource Center, send an email to info@idaresources.org indicating interest as a potential AFI applicant.

Thank You

Sharon L. Ricks, MA

Acting Regional Health Administrator

U.S. Department of Health and Human Services

Office of the Assistant Secretary for Health

Region IV