



# **Maryland Department of Health Office of Minority Health and Health Disparities**

## **Addressing Disparities in Social Determinants of Health and Obesity in Maryland Communities Second Pass**

**Arif A. Vega, MD, Ph.D., MBA, Program Manager**

**Diane Walker, BA, Acting Deputy Director**

**April 1, 2022**

# Introductions

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## Program Staff

- Dr. Arif A. Vega, Program Manager
- Ms. Diane Walker, Acting Deputy Director



# Opening Remarks

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Noel Brathwaite, PhD, MSPH  
Director  
Minority Health and Health Disparities



# Webinar Specifics for Participants

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- This Training session will be recorded and uploaded on the MHHD website no later than Friday, April 8, 2022, C.O.B.
- Although Internet Explorer is a viable application to view this Training, we have been advised by DHMH IT staff that the webinar works best in Chrome.
- **The presentation will be posted on MHHD website.** The chat function is on and will be utilized as a parking lot. Please type all question in the chat and I or Mrs. Diane Walker will respond to each at the close of this presentation during the question-and-answer session. We will make every attempt to answer all questions, however, those that were missed due to time constraints will be answered individually with reference to your proposed program.

# Agenda

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## Overview

- Introductions
- Opening Remarks
- Background and Program Overview
- Review Key Performance Measures
- Application Requirement
- All things Fiscal
- Supporting Documentation
- Questions

# Focal Areas

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- *Safe Housing, Transportation, and Neighborhoods*
- *Racism, Discrimination, and Violence*
- *Education, Job Opportunities and Income*
- *Access to Nutritious Food, and Physical Opportunities*
- *Health Language and Literacy Skills*

# Program Description & Examples

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## Education, Job Opportunities, Income

- Workforce Readiness & Retention Programs, Dress For Success
- Vocational Opportunities, Access to Paid Apprenticeships, Financial Literacy Classes

## Access to Nutritious Food, and Physical Opportunities

- Food production/gardens
- Farmers markets
- Food delivery/distribution
- Nutrition classes/Cooking Courses

## Racism, Discrimination, and Violence

- Legal Aid, Behavioral Health
- Mentorship, Law Enforcement Relationship Building
- Behavioral Intervention/Modification

# Program Description & Examples

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## *Health Language and Literacy Skills*

- Insurance Enrollment, Linkage to Primary Care
- Development of Health Literate Materials
- Forums/Training with Community and Providers

## *Safe Housing, Transportation, and Neighborhoods*

- Housing Programs
- After-school Cultural Enrichment Programs
- Transportation for Medically Fragile



# Program Description

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All Proposed Programs **must** address social determinants of health through **five** approaches—**Awareness, Adjustment, Assistance, Alignment, and Advocacy**

# The 5 Approaches

**AWARENESS:** *Awareness should focus on identifying the social risks and assets of specific minority populations throughout Maryland.*

**ADJUSTMENT:** *CBO's and FBO's can pursue a strategy that focuses on adjusting Programmatic services to address social determinants of health that impact the mental and behavioral health of a specific demographic. (e.g., Black males, veterans, sexual & Gender minorities, etc.)*

**ASSISTANCE:** *CBO's & FBO's are to focus on developing or pursue strategies to connect consumers with social needs to government and community resources.*

**ALIGNMENT:** *CBO's, FBO's and FQHC's awarded pursue an alignment strategy that assesses the social care assets in the community and home environments and organizes those assets to promote self-sustaining and thriving communities to prevent emerging social needs and improve health outcomes.*

# The 5 Approaches

**ADVOCACY:** *CBO's and FBO's can form alliances with community leaders, stakeholders, and social care organizations to train foot soldiers on community engagement strategies, increase health literacy and deploy those foot soldiers with the tools to promote self-advocacy skills within their communities. For example, community members holding town halls can call for policy changes to overhaul transportation services in a community, work with CBO's to develop violence reduction programs in a community, etc.*

# Program Description

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## Target Population:

- Minority Communities throughout the state of Maryland



# KEY STANDARDIZED PERFORMANCE MEASURES

| Project Performance Measures  |
|---|
| # Of Encounters (individuals touched)   |
| # Of Engagements (Individuals with whom information and materials were exchanged)               |
| # Of Individuals linked to Health Care Professional or FQHC (Federally Qualified Health Center) |
| # Of Newly enrolled Individuals in the Program  |
| # Of Individuals enrolled in After-School Program   |
| # Of Individuals who Completed 60 days, 90 days, 120 days, 180 days                             |
| # Of Individuals enrolled in Case Management services   |
| # Of Individuals enrolled in Mental Health/Therapeutic Services                                 |
| # Of Individuals enrolled in health insurance   |
| # Of Individuals linked to temp/perm housing  |
| # Of Individuals linked to employment opportunities   |
| # Of Individuals gainfully employed for 90 days or more   |
| # Of Individuals who Successfully Completed and Graduated Program                               |
| # Of Individuals who Completed Exit Survey  |



# Application Requirements For Submission

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The Applicant must provide proof with its application that the following Mandatory Requirements have been met:

- The Applicant shall be a Social organization as defined per Section 7-402 of the State Finance and Procurement Article of the Annotated Code of Maryland or a local, state government agency, public college or state university.
- Applicants must maintain an operational office within Maryland. All official records must be maintained at this location and accessible for site visits and audits. Applicants must be a 501c3 or institute of higher education. Applicants must have a certificate of good standing issued by the Maryland State Government.
- Applicants must be registered on eMMA (see <https://procurement.maryland.gov/> for more information). Applicants must have access to relevant data sources, the capacity to deliver planned services, the ability to track performance, and be prepared to submit progress reports on time. Applicants must be able to implement the proposed program/service no later than one month after the Agreement start date.



# Application Requirements For Submission (Cont')

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*The Project Narrative shall include the following documents and information in the order specific as follows:*

- A. Transmittal Letter
- B. Executive Summary
- C. Application Narrative
- D. Organizational Capacity
- E. Program Management
- F. Partnerships
- G. Performance Measures

## ***The Project Narrative Guidelines***

*The Project Narrative will be no more than 8 pages (standard letter size). The application will be 12 pt. font, Times New Roman or Calibri, 1-inch margins, double-spaced, and each page numbered sequentially. Information in tables may be 11 pt. font. All following items must be included, using the outline and letter/number order below.*



# Event Calendar

| SUNDAY  | MONDAY | TUESDAY | WEDNESDAY  | THURSDAY | FRIDAY  | SATURDAY   |
|---|--------|---------|--|----------|---|--|
|   |        |         |  |          |   | 1  |
|   |        |         |  |          |   |  |
| 2<br>DPP cohort 1 mtg 1<br>1 PM to 3PM<br>XYZ Church  | 3      | 4       | 5<br>DPP cohort 2 mtg 1<br>7 PM to 9PM<br>QRS Library  | 6        | 7   | 8<br>Healthy Pregnancy<br>10 AM to Noon<br>Hospital mtg room |
| 9<br>DPP cohort 1 mtg 2<br>1 PM to 3PM<br>XYZ Church  | 10     | 11      | 12<br>DPP cohort 2 mtg 2<br>7 PM to 9PM<br>QRS Library | 13       | 14  | 15   |
| 16<br>DPP cohort 1 mtg 3<br>1 PM to 3PM<br>XYZ Church | 17     | 18      | 19<br>DPP cohort 2 mtg 3<br>7 PM to 9PM<br>QRS Library | 20       | 21  | 22   |
| 23<br>DPP cohort 1 mtg 4<br>1 PM to 3PM<br>XYZ Church | 24     | 25      | 26<br>DPP cohort 2 mtg 4<br>7 PM to 9PM<br>QRS Library | 27       | 28<br>LHIC Meeting<br>6 PM to 8 PM<br>Local Health Dept | 29   |
| 30<br>DPP cohort 1 mtg 5<br>1 PM to 3PM<br>XYZ Church | 31     | NOTES:  |  |          |   |  |

# Work Plan

| GUIDING GOAL(S):   |   |  |   |  |
|--|---|--|---|--|
| TIME PERIOD  | PRIMARY OUTPUTS   | OBJECTIVES, ACTIVITIES & EXPECTED OUTCOMES   | RPOC/PARTNERS   | PROJECTED EXPENSES   |
| <i>An expected completion date (month &amp; year) must be identified for each output</i> | <i>List each output individually (e.g., intake tool and database)</i> | <ul style="list-style-type: none"> <li><i>Define each objective of the primary goal</i></li> <li><i>List as many activities as necessary by adding rows</i></li> <li><i>List expected outcomes directly related to identified Guiding Goals</i></li> </ul> | <b>LEAD:</b><br><br><b>SUPPORT:</b><br><br><b>PARTNERS:</b> | <i>List all expenses to be incurred directly related to each activity or action item</i> |
| TIME PERIOD  | PRIMARY OUTPUTS   | OBJECTIVES, ACTIVITIES & EXPECTED OUTCOMES   | RPOC/PARTNERS   | PROJECTED EXPENSES   |
|  |   |  |   |  |

# SMART Performance



All components of this diagram must be **SMART**:

S - SPECIFIC  
M – MEASURABLE  
A – ACHIEVABLE  
R - REALISTIC  
T- TIME SENSITIVE

Please note that for every event/ workshop/ or session the number of individuals reached alongside number of events conducted.

# Supporting Documentation

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**Supporting Documentation** Letters of Commitment: A letter of commitment from each partner or collaborator must be submitted

- Local Health Department Support Letter: There must be one (1) letter of support from the local health officer, or other representative from the local health department in the focal jurisdiction
- Letter of Good Standing: Applicants **MUST include a letter of good standing with Maryland State Government in the proposal.**

# ALL THINGS **FISCAL**

**Ms. Diane D. Walker**

Acting Deputy Director

*Office of Minority Health and Health Disparities*

**Note: All of the following forms can be downloaded from the MHHD website**

# Project Budget and Fiscal Forms

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## **1 Submit completed MDH Forms**

- **MDH 432B**
- **MDH 432D**
- **MDH 432E**
- **MDH 432 F**
- **MDH 432H**

## **2. Provide correct contact information**

- **Name**
- **Address**
- **Federal ID Number**

## **3. Provide a Budget Narrative – describing the components of each budget line.**

# MDH 432B

Complete all highlighted cells. Please do not record anything in other cells

| PROGRAM BUDGET (MDH 432B)     |                     |   |                  |                     |                |
|-------------------------------|---------------------|---|------------------|---------------------|----------------|
| PROGRAM ADMINISTRATION:       |                     |   |                  |                     |                |
| GRANT NUMBER:                 |                     | DATE SUBMITTED:                           |                  |                     |                |
| CONTRACT PERIOD:              |                     | FISCAL YEAR:                              |                  |                     |                |
| ORGANIZATION:                 |                     |   |                  | PHONE #:            |                |
| STREET ADDRESS:               |                     |   |                  |                     |                |
| CITY, STATE,                  |                     |   |                  |                     | ZIP:           |
| PROGRAM TITLE:                |                     |   |                  |                     |                |
| CHARGEABLE SERVICES (Y/N)     |                     | MDH PROVIDES 50% OR MORE OF FUNDING (Y/N) |                  |                     | No             |
| FOR MDH USE ONLY              |                     |   |                  |                     |                |
| OTHER DIRECT FUNDING          |                     |   |                  |                     |                |
| LINE ITEMS MAY NOT BE CHANGED | MDH FUNDING REQUEST | FED./STATE LOCAL & GOV'T                  | ALL OTHER AGENCY | TOTAL OTHER FUNDING | PROGRAM BUDGET |
| SALARIES/SPECIAL PAYMENTS     | 0                   | 0   | 0                | 0                   | 0              |
| FRINGE                        | 0                   |   |                  |                     | 0              |
| CONSULTANTS                   | 0                   |   |                  |                     | 0              |
| EQUIPMENT                     | 0                   |   |                  |                     | 0              |
| PURCHASE OF SERVICE           | 0                   |   |                  |                     | 0              |
| RENOVATION                    | 0                   |   |                  |                     | 0              |
| CONSTRUCTION                  | 0                   |   |                  |                     | 0              |
| REAL PROPERTY PURCHASE        | 0                   |   |                  |                     | 0              |
| UTILITIES                     | 0                   |   |                  |                     | 0              |
| RENT                          | 0                   |   |                  |                     | 0              |
| FOOD                          | 0                   |   |                  |                     | 0              |

# MDH 432D

With the exception of “Grade and Step”, complete each column for individuals that you qualify as grant staff

MDH 432D

SCHEDULE OF SALARY  
COSTS

MERIT SYSTEM \_\_\_\_\_

| JOB TITLE OR<br>CLASSIFICATION | NAME OF PERSON<br>FILLING POSITION | GRADE<br>AND<br>STEP | HOURS<br>PER<br>WEEK | TYPE OF SERVICE | SALARY<br>MDH<br>FUNDING | SALARY<br>TOTAL<br>PROGRAM BUDGET |
|--------------------------------|------------------------------------|----------------------|----------------------|-----------------|--------------------------|-----------------------------------|
|                                |                                    |                      |                      |                 |                          |                                   |
|                                |                                    |                      |                      |                 |                          |                                   |
|                                |                                    |                      |                      |                 |                          |                                   |
|                                |                                    |                      |                      |                 |                          |                                   |
|                                |                                    |                      |                      |                 |                          |                                   |
|                                |                                    |                      |                      |                 |                          |                                   |
|                                |                                    |                      |                      |                 |                          |                                   |
|                                |                                    |                      |                      |                 |                          |                                   |

# MDH 432E

Complete each column for individuals who will be qualified as “contract workers”

## SCHEDULE OF CONSULTANT COSTS MDH 432E

| NAME OF CONSULTANT | PROFESSIONAL<br>AREA | HIGHEST<br>DEGREE<br>HELD | HOURLY<br>RATE | TOTAL<br>HOURS | TOTAL<br>MDH<br>COSTS | TOTAL<br>PROGRAM<br>BUDGET |
|--------------------|----------------------|---------------------------|----------------|----------------|-----------------------|----------------------------|
|                    |                      |                           |                |                |                       |                            |
|                    |                      |                           |                |                |                       |                            |
|                    |                      |                           |                |                |                       |                            |
|                    |                      |                           |                |                |                       |                            |
|                    |                      |                           |                |                |                       |                            |
|                    |                      |                           |                |                |                       |                            |
|                    |                      |                           |                |                |                       |                            |
|                    |                      |                           |                |                |                       |                            |
|                    |                      |                           |                |                |                       |                            |

# MDH 432F

Complete this form to identify all equipment that will be purchased – the top portion for items under \$500 and the bottom for items over \$500

## SCHEDULE OF EQUIPMENT COSTS (MDH 432F)

|   |                     |                       | MDH<br>FUNDING | TOTAL<br>PROGRAM<br>BUDGET |
|---|---------------------|-----------------------|----------------|----------------------------|
| <b>LIST OF MISCELLANEOUS EQUIPMENT COSTING UNDER \$500 EACH</b> |                     |                       |                |                            |
| DESCRIPTION   | CLIENT<br>or OFFICE | NEW<br>or REPLACEMENT |                |                            |
|   |                     |                       |                |                            |
|   |                     |                       |                |                            |
|   |                     |                       |                |                            |
|   |                     |                       |                |                            |
|   |                     |                       |                |                            |
|   |                     |                       |                |                            |
|   |                     |                       |                |                            |
|   |                     |                       |                | 0.00                       |
| <b>LIST BELOW EACH EQUIPMENT ITEM COSTING OVER \$500</b>        |                     |                       |                |                            |
| DESCRIPTION   | CLIENT<br>or OFFICE | NEW<br>or REPLACEMENT |                |                            |
|   |                     |                       |                |                            |
|   |                     |                       |                |                            |
|   |                     |                       |                |                            |

# MDH 432G

Provide the requested information for each subvendor that will provide services under the grant

## PURCHASE OF SERVICE MDH 432G

| SERVICE | VENDOR | PERFORMANCE MEASURES<br>NUMBER UNITS PURCHASED<br>(e.g., HRS, VISITS, ETC.) | DOLLARS |       |
|---------|--------|---|---------|-------|
|         |        |   | MDH     | TOTAL |
|         |        |   |         |       |
|         |        |   |         |       |
|         |        |   |         |       |
|         |        |   |         |       |
|         |        |   |         |       |
|         |        |   |         |       |
|         |        |   |         |       |

# MDH 432H

Provide the total proposal amount in the yellow cell. If your organization plan to offset any services by in-kind or other funding – list that information in the bottom portion of the form.

## ANTICIPATED SOURCES OF FUNDING MDH 432H

| SOURCES   | AMOUNT |
|---|--------|
| MDH AWARD   | 0      |
| MDH SUPPLEMENT  |        |
| LOCAL GOV'T   |        |
| OTHER AWARD - FED, STATE OR PRIVATE AGENCY (SPECIFY)                                |        |
| FEES  |        |
| MDH CLIENT FEE COLLECTIONS  |        |
| OTHER CLIENT FEE COLLECTIONS  |        |
| MEDICAID PAYMENTS   |        |
| MEDICARE PAYMENTS   |        |
| INSURANCE/PRIVATE   |        |
| SSI   |        |
| OTHER - IDENTIFY  |        |
| FUNDRAISING/DONATIONS   |        |
| UNITED CHARITIES  |        |
| INTEREST  |        |
| Total Funding (Must Equal Total Costs in Total Program Budget on Budget Face Sheet) | 0.00   |
| IN-KIND CONTRIBUTIONS (IDENTIFY)  | VALUE  |
|   |        |
|   |        |



# Evaluation of Applications

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- Evaluation of Applications will be performed by a committee established for that purpose and based on the evaluation criteria set forth below
- The Evaluation Committee will review Applications and provide input to the Grant Officer and Program Administrator.
- The Department reserves the right to utilize the services of individuals outside of the established Evaluation Committee for advice and assistance, as deemed appropriate.
- All Applications will be graded on a point system. If any of the requirements have not been met or documents included, points will be deducted from each application.

# Question and Answer Period

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Thank You

Questions?

We are available to answer all questions, please send us an email to [mdh.healthdisparities@maryland.gov](mailto:mdh.healthdisparities@maryland.gov)